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ARTICLE I.

QUALIFICATIONS AND DUTIES OF ATTENDANTS ON THE INSANE. "*On the employment of Male Attendants in the Female Wards of Lunatic Hospitals: Is it judicious or defensible? With views of the general Qualifications and Duties of those immediately in charge of the Insane.*" By FRANCIS T. STRIBLING, M. D., Superintendent of the Western Asylum, Staunton, Va. —*Read before the Association of Medical Superintendents of American Institutions for the Insane, convened in New-York, May, 1852.*

The official circular of our worthy president dated in July last, asked that I would present at the present meeting, a dissertation on the above subject.

Reversing the order in which the subject is proposed, I have to say, that in my opinion, there is no one item connected with the management of institutions for the insane, more deserving attention, or fraught with more important consequences, than that which relates to the qualifications of attendants.

The medical superintendent may be most admirably skilled in investigating, and most fortunate in detecting the cause or causes, which have operated to displace reason from her throne ; he may be renowned for his tact and judgment in prescribing remedies, both medical and moral, for the removal or amelioration of the malady ; he, with well qualified professional assistants, a competent steward and matron, and faithful supervisors, may be extremely vigilant in seeing that his prescriptions are properly observed ; but to the attendant peculiarly belongs the duty, and is attached the responsibility of applying the means which the officers provide and direct. To him is especially committed by day and by night, the guardianship and protection of the insane. He should neither be regarded as their master or their servant, but as their companion, their guide, their tender and sympathizing friend,—in a word, the comfort of the patient and his restoration to reason and usefulness, depend especially upon the character and qualifications of his attendant, and hence how important is it, that none should be selected for so responsible and self-denying, at the same time, so noble a work, but those who may be qualified therefor morally, intellectually, and physically !

The insane as a class are morbidly suspicious, and scrutinize more closely the conduct of those with whom they associate, and especially of those under whose control they may be, than many would imagine. It should be the aim of all having them in charge, to acquire their respect and confidence, and this can only be effected by such a course as ought to merit them. The attendant should be sober, discreet, virtuous. He should possess a cheerful, accommodating disposition, an amiable, kind, sympathizing nature, and his manner should be pleasing and conciliatory. His temper should have been proper-

ly trained, and fully subject to his control, under all circumstances of disappointment, or provocation, and he should be eminently endowed with the virtues of patience and perseverance. No one point in his character should be more conspicuous than a conscientious, consistent regard for truth, as his veracity once questioned, whatever his motive for affording the ground for doubt, will of itself be sufficient often to destroy wholly his influence with his patient. With these requisites should be blended an amount of firmness and decision of character, which would at all times enable him to impress the insane, with a sense, that, whilst he was their friend and associate,—that notwithstanding mild and persuasive measures, were most in consonance with his nature and wishes, still that he had undertaken an agency, which makes it his duty to carry out, and if need be, enforce the plans and directions of the medical superintendent,—and that should necessity require it, he would not shrink from resorting to any reasonable amount of coercion to insure obedience on the part of the patient. In addition to these and other requisites of a moral nature, which might be cited, he should exhibit in his every day walk and conversation, that he prizes his position, not alone because of its pecuniary emolument, but chiefly because of the advantage it affords him, of ministering to the comfort and alleviating the distresses of those, many of whom, are, of all God's creatures, the most sorely smitten.

It is not important, that the intellect be highly cultivated, nor indeed, if desirable, would it be practicable, within the limited means at command of most of our asylums, to obtain for such a post, the services of those who had devoted much time to literary, or scientific pursuits; but as the attendants will be looked up to by the insane for guidance, as well as protection, it is of the

first importance, that the individual possess good practical sense, improved at least by a reasonable common school education. To make him useful and render him discreet, he should be capable of comprehending, as well as have the disposition, to comply with all the regulations prescribed for his government. He should not only be qualified to learn through the media of books, periodicals and newspapers, much, which by its judicious disclosure, might interest or amuse the insane, but should also be able to understand and appreciate all that is directed to be done—as thus he would often perceive the necessity and as a consequence subject himself to much self-denial and endurance, in pursuing measures, which one more ignorant might consider unnecessary or improper, and hence neglect. In nothing however is the intellect of an attendant, more constantly or more decidedly vested, than in the necessity which exists for devising amusements, and occupations adapted to the varied conditions of those entrusted to his care. It requires not only unremitting vigilance, but much tact and discrimination, to decide as to the proper moment when the effort should be made to turn the disordered thoughts into other channels, to banish some painful recollection, or call up some agreeable association, and the method to be adopted depends much upon the ingenuity of the attendant. The Physician can only give general directions in regard to such matters, and from necessity the mode in which his directions are executed and the amount of good which results from them, must in the main depend upon the inventive capacity, as well as the fidelity of the attendant. As to physical qualifications; whilst a more than ordinary degree of muscular strength is sometimes found useful in order to the timely restraint of the maniac, who has become suddenly excited, this is far from being so frequent or

important as the inexperienced might imagine ; indeed it may be questioned on the whole whether, it is desirable to have in an asylum, many attendants of this description ; there is at least danger, that such, relying upon their superior physical power would often be tempted unnecessarily to substitute brute force for the more desirable agencies of persuasion or of tact, blended with a firmness and decision calmly evinced. But all will admit, that whatever the moral and mental qualities possessed by an attendant, these cannot be properly and efficiently exercised, unless the individual be blessed in a good degree with bodily health. To say nothing of the usual effects of ill health upon the temper and feelings of the invalid, the duties appertaining to the post of attendant are often arduous and wearing, and usually are calculated to test severely the health of the most robust. They require for their proper execution the energies of a sound mind in a sound body, and none others than those thus favored should venture to undertake them. In addition also to those considerations it should not be forgotten that nothing probably so much deranges the order and system which should characterize the internal operations of an Asylum, as the sickness or absence of one or more attendants ; and whilst these are, under the most favorable circumstances, sometimes unavoidable, care should be taken, as far as practicable, to guard against the evil by employing only those who seem to have the promise of continued health, and whose circumstances are such as to call them but seldom from their posts.

Having thus given, very briefly, some of the requisites, which, in my opinion, are necessary to qualify one for being an efficient and useful attendant, I pass on to remark as to the duties.

These are so varied and would require for their enu-

meration so much more time and space than I have at command, I will content myself with merely stating that they can all be arranged under general heads, as follows: 1. Duty to officers; 2. Duty to patients; 3. Duty to Institution; 4. Duty to themselves and to each other.

There is, so far as I have observed, a remarkable uniformity in the by-laws enacted for the government of most of the Hospitals for the insane in the United States, and in no one point is this uniformity more conspicuous than in reference to the detail of duties prescribed for attendants. Experience has fully tested and established the wisdom of these regulations and I can think of no change which would affect the general principles on which they are based, that would be likely to improve them.

You ask, Mr. President—Is the employment of male attendants in the Female ward of Lunatic Hospitals judicious? Is it defensible?—I unhesitatingly answer both queries in the negative. With an experience not now brief, and after having the care of more than five hundred insane females, I am prepared to assert that, as yet, no single case has come under my observation where it was deemed necessary or advisable to call in a male attendant to aid in controlling the patient, how can I believe otherwise than that to introduce as a system male attendants into female wards would not only be unnecessary, but unwise and unjust. It would, I fear, outrage public opinion—do violence to that shrinking modesty, which perhaps more than any other virtue imparts loveliness to the female character, and must tend to aggravate the distrust and anxiety of those already heart broken parents, husbands and brothers, who are called upon to seek the advantages of a hospital, in be-

half of a cherished, but stricken daughter, wife or sister.

I am not aware that this constitutes a feature in the management of any one of the Hospitals for the insane in our country, nor did I suppose until the receipt of your circular that such an idea had ever been conceived.

The opinions above expressed might be sustained by an array of arguments addressed to the intelligence, the conscience and the feelings ; but as I cannot imagine a solitary reason entitled to the least weight in opposition thereto, I will content myself with indorsing (which I most cordially do,) the views so forcibly and admirably expressed a day or two since by our associate, Dr. Ray, upon this subject.

ARTICLE II.

MISSOURI STATE LUNATIC ASYLUM.

This Institution, located at Fulton, in the central part of the State, was opened for the reception of patients about the middle of May, 1852. Dr. T. R. H. Smith, the Superintendent has furnished us the following description :

It consists of a four-story brick building, a centre and two wings. The centre is 80 feet long and 42 feet wide, with a portico in front supported by massive columns. The front half is occupied by the officers of the Institution, the other half appropriated to dining rooms for the patients. These dining rooms are fifteen by thirty-six

feet, one for men and one for the women, on each story, and connected with the halls in the wings. Each one is supplied with a sink for washing dishes, a speaking tube and dumb waiter communicating with the kitchen. A series of verandas are in course of erection in the rear, into which the halls of the wings will open. The wings are connected with the centre and open on its rear, and are 70 feet long and 40 feet wide. Through each story extends a hall ten feet wide, open at both ends with sliding sash from floor to ceiling. The rooms for patients are on each side of the halls, in size 9 by 13 feet, and eleven in number on each floor. There are also rooms for attendants, a clothes' room, a wash room with cast iron bath tub and shower, and a water closet. The water closets are ventilated downwards by a common pipe which is connected with each under the seat, and in the basement opens into a large ventilating shaft, in which is placed a cast iron furnace supplied with air only from this source. The first story is 11 feet high, the second and third 10, and the fourth 8.

The centre building is heated by stoves and grates, the wings by steam. The steam is generated in boilers situated in the basement of a building forty feet in the rear of the centre and carried to air chambers under the corridors of the wings and extending their entire length, and are 10 feet wide and 8 feet high with plastered sides. The cold air is admitted through openings in the bottom of the side walls. The warm air is distributed to the halls alone through flues in the side walls opening under the ceiling of the air chamber. There are also tin pipes 8 inches in diameter running from the top of the air chamber horizontally to flues in the cross walls which open into the rooms.

The building in which the boilers are placed is a two story brick, and is appropriated to the several purposes of a bakery, laundry, drying rooms and lodging rooms for hired help.

The supply of water is from a creek three-fourths of a mile distant; this is forced up by steam power. There is an engine house on the bank of the stream in which the boilers, engine, pumps, etc., are placed. A well is dug in the engine house communicating with the creek by an iron pipe; from this well the water is drawn by the pumps and forced up through a three-inch cast-iron pipe two and one-half feet under ground, into two communicating reservoirs on an eminence higher than the fourth story of the main building, and 400 yards distant from it. These reservoirs are made of hard, brown-burnt brick laid in hydraulic cement, the bottom covered with stone laid in the same, and are capable of holding 200,000 gallons. Three-inch cast-iron pipe is laid from the reservoirs to the Asylum edifice. From this termination the water is distributed through lead piping to kitchens, dining rooms, offices, bath rooms, water closets, and hot-water tank in the attic heated by steam from the boilers. There is from the cast iron pipe a branch pipe for feeding the boilers, supplying water for washing, etc.

The Institution is now capable of accommodating one hundred patients.

ARTICLE III.

INSTITUTIONS FOR THE INSANE IN PRUSSIA,
AUSTRIA AND GERMANY.—By PLINY EARLE,
M. D., late Physician to the Bloomingdale Asylum for
the Insane, New York.

"Poi sem venuti al luogo ov'io t'ho detto
Che vederai le gente dolorose,
Ch' hanno perduto il ben dell' intelletto.
Quivi sospiri, pianti, ed alti guai
Risonovan."—*Dante*.

But "they shall obtain joy and gladness, and sorrow and sighing shall flee away."—*Isaiah*.

INTRODUCTION.

State of our knowledge of *Psychiatrie*, and Institutions for the Insane, in Germany.—Early attention to mental disorders by the Germans.—Periodical literature upon the subject.—Doctrine of Reil.—The Somatic, Psycho-Somatic and Psychic schools.—Doctrine of Heinroth. Condition of Asylums at the commencement of the present century.—Proceedings in Saxony.—Progress of Asylums.—Comparative advantages of large and of small establishments.—Separate Asylums for the curable and the incurable insane.—The relative connection of such institutions.—Arguments of Zeller and other physicians.—The true principle to be followed in the establishment of Asylums suggested.—Psychical instruction of medical students.—Clinics in Asylums for the Insane.—Superintendents of German Asylums.—The organization of those Institutions.—Object of their special description.—Comparison of German with American Asylums.—Moral treatment of patients.—The use of instruments for bodily restraint.—Dr. Tschallener's restraining chair.—The jacket.—Conveyance of patients, by deceptive means, to Asylums.—The insane blind.—Use of Tobacco.—Architectural defects.—Order in which the Asylums were visited.—The notes, forming the basis of the descriptions, taken in the summer of 1849.

That broad field of the medical profession in Prussia, Austria and Germany, in which the laborers are endeavoring to restore the alienated mind, and to render the condition of those persons for whom such restoration is

impossible as comfortable as circumstances will permit, has hitherto been almost *terra incognita* to the physicians of the United States. With a knowledge of the labors of those distinguished modern pioneers, Pinel and Tuke, and of their compeers and successors in their native countries, we have pursued our way, taking advantage of their experience and improving thereupon, but without the endeavor to push our researches beyond the limits of Great Britain and France. Indeed, a general impression appeared to prevail, indicated, it is true, more by negative than positive signs, that, aside from the countries mentioned, the nations of Europe had made but little progress in this department of the profession, and hence could furnish us nothing commensurate with the labor and expense necessary to its acquisition.

We had the excellent work of Dr. Jacobi, but he is upon the very borders of France, at a distance from Paris less than that of Marseilles. Some volumes of the writings of Heinroth, translated into French, have found their way across the Atlantic. The Institutions of Schleswig, Pirna, Vienna and Prague have been incidentally mentioned in the English and French publications which we have received. Dr. Ray visited those of Siegburg and Illenau, and speaks of them in the interesting treatise which embodies the results of his tour among the foreign Asylums. Further than this, however, we knew but little, if anything, of the establishments for the insane throughout the extensive territories the people of which speak the German language. We had no idea of their condition; we knew not even of the existence of a large majority of them, and some of these among their very best.

For the purpose of giving a more comprehensive idea of the general subject of insanity, in Germany, than

could be derived from the special descriptions of Institutions, I propose, in this chapter, to enter briefly into its history, and subsequently to touch upon some points of particular interest connected with Hospitals and the treatment of their patients. It is proper to remark that, for the sake of convenience and brevity, the terms "German" and "Germany," will here be used in reference to all the nations, inclusive, of Prussia, Austria and Germany proper.

The theory of mental disease has, for more than half a century, received no small share of attention from the German physicians and philosophers. The opposite could hardly have obtained among a people so characteristically prone to studies of a metaphysical nature. Mental and moral philosophers and the members of the medical profession would perform but half their work if they restricted their investigations to the physiology of the mind, regardless of its pathology—if they informed us of its normal operations, and left us unenlightened in regard to the modifications induced by disease. It could not reasonably be supposed that the people among whom have originated the doctrine of vital force, the theory and the practice of animal magnetism, hydropathy, and, finally, homœopathy,—which perhaps may be ranked among the metaphysical, rather than the physical sciences,—would have overlooked, or passed unheeding by the more prominent, because the more evident and easily-perceived subject of mental alienation. They were not guilty of the absurdity. Their observations and reflections upon the subject were, to some extent, embodied, and found expression through the periodical press long before the close of the last century. A magazine chiefly devoted to the doctrines and treatment of

mental disorders was commenced in 1783, but its existence was ephemeral. The honor of establishing the first periodical exclusively devoted to those subjects, is conceded to Dr. Reil. The first number of the work was published at Halle, in Prussian Saxony, in the year 1805. It was conducted by Dr. Reil and the philosopher Kayssler. They both contributed to its pages, but the latter more than the former. They received but little assistance from other writers. Unfortunately for the science, Kayssler died but a few months after the commencement of the enterprise, and the publication of the journal was consequently suspended, never to be resumed.

In 1808, Dr. Reil, in connection with Professor Hoffbauer, of the University of Halle, commenced another periodical of a similar character, entitled "*Researches upon the Method of Cure in Mental Disorders.*" This, too, was doomed to but a brief existence. It would appear that its originator lived at a period too early for general appreciation; at least, he could not find that number of efficient collaborators and contributors essential to the vigor, or even the vitality of such a publication. It died of inanition.

The doctrine of the philosophy of insanity promulgated by Dr. Reil, is, if I properly understand it, that whatever may be the original cause of the disorder, both body and mind eventually become diseased. The physiological lesion is, according to his hypothesis, the most important and controlling, yet, from the reciprocal action of the two components of our being, the corporeal and the mental malady mutually tend to increase each other. The discussions upon this theory were, if not the initiative, at least among the early proceedings which result-

ed in that division, or classification of the German psychological and some of the other physicians, as well as some non-professional philosophers who interested themselves in the subject, into nominally distinct schools. In the progress of the discussion, the opinions of various persons were elicited,—opinions varying from the one extreme that, in insanity, the essential lesion is purely and only corporeal, to the other, that it is purely mental. Each of the several theories thus advanced found its proselytes and advocates; the lines of demarcation between them became gradually more and more distinctly drawn, and, at length, what are called the Somatic, (or Zomatic,) the Psycho-Somatic, or Mixed, and the Psychic Schools were established.

In 1818, Nasse commenced his "*Journal of Psychological Medicine, with Special Considerations upon Magnetism.*" It received more assistance and met with greater success than any of its predecessors, and was published eight years. Its general tendency was psycho-somatic; and, although there were many advocates of the purely somatic and purely psychic theories, the doctrine of Reil obtained the largest number of supporters. The editor was one of the principal writers whose productions appeared in the *Journal*, and his articles bear the impress of emanations from a superior intellect. The influence of the *Journal* was favorable to the cause of the insane, as it disseminated, to some extent, a knowledge of their wants, increased the taste for the study of mental disorders, and awakened in its readers, of whatever doctrine, an interest in the improvement of hospitals.

It appeared necessary to the proper elucidation of our subject, that, in mentioning the several schools into which the German savants became divided, the chrono-

logical order of events should be partially disregarded. It was not until after the establishment of Nasse's Journal that extremes upon the theory of insanity began to be taken. The various authors advocated their individual opinions, and opposed those of their opponents, with an earnestness and warmth of zeal not invariably restricted within the limits of commendable moderation. No other discussions are so liable to become intemperate as those upon subjects which are insusceptible of positive demonstration,—beyond the possible reach of any decisive test. No other doctrines are advocated and contested with such bitterness of partizanship, as those which relate to matters of mere opinion or faith,—questions which never have been, are not, and never can be, with the present limits of human knowledge, fully understood.

As soldiers of contending armies follow their generals, so the physicians of the German schools thronged to the standards of their chiefs. Jacobi became generally acknowledged as the leader of the Somatics, Zeller of the Psycho-Somatics, and the spiritual Heinroth,* he of the towering genius and the giant intellect, of the Psychics.

There is not, according to my comprehension of the subject, entire unanimity of sentiment among the advo-

* Now that the grave has closed over the ashes of this distinguished man, and whatever asperities might have existed during his life have been mostly worn away by the gentle but effective attrition of the current of time, all men—even his most inveterate opponents—must acknowledge that he was endowed with eminent natural qualifications, that his belief in the doctrines which he inculcated was sincere, and that his industry was worthy of commendation and imitation. His talent was neither hidden in a napkin nor secreted in the ground. His light—whether it may have been a beacon of truth, or an *ignis fatuus* leading into the labyrinth of error—was certainly not concealed “under a bushel.” Demonstrative of this, he has left behind him no less than sixteen works upon medical and psychological subjects, besides several popular romances or novels, published under the *nom de plume* of Treumund Wellentreter. All these, which would seem to be sufficient labor

cates of the Somatic doctrine. They all believe that the causative, conditional or necessary lesion in insanity is physical; but while some contend that it must be in the special organ of the mind, the brain, others maintain that it may be in some of the other viscera. Among the supporters of the former theory, is Dr. J. B. Friedreich, of Anspach, in Bavaria, who has published, besides other works, an "Exposition of the Theories upon the Nature and the Seat of Mental Diseases."* He denounces the psychical doctrine of Heinroth as "diabolical." It is not my intention, as this is not the place, even if I were qualified for the undertaking, to enter into a detailed exposition of that doctrine; but having expressed the denunciation of Friedreich, I can not well avoid a few remarks.

The theory of Dr. Heinroth is based upon the assertion that insanity begins in vice—in a deterioration of the moral sentiments. Now, it appears to me that the great mass of observation furnishes testimony tending to dis-

for an ordinary life-time, were written during the intervals of somewhat arduous professional duties.

Dr. Heinroth was born at Leipsic in 1773, and died in his native city in 1843. He completed his medical education in Paris, where, a pupil of the great reformator of Lunatic Asylums, Pinel, he devoted particular attention to insanity and the treatment of the insane. After his return to Leipsic, the Saxon government created a chair of Psychiatrie for him, in the University, and appointed him physician to the department for the insane, in St. George's Hospital. He first introduced the system of Pinel into Germany, and translated into his native language the works of both Pinel and Esquirol. Among the most important of his writings are, the "Treatise on Mental Hygiene," the "Guide to Physicians for the Insane," the "Manual of Mental Diseases," and the "Manual of Anthropology and Principles of Criminal Psychology." Some years before his decease, the King of Saxony bestowed upon him the title of Aulic Counsellor.

* *Historisch-Kritische Darstellung der Theorien ueber das Wesen und der Sitz der psychischen Krankheiten*, von Dr. J. B. Friedreich. Leipsig, 1836.

prove the truth of this assumption. If it be true, why have we not a greater number of insane, since vice, as Dr. Heinroth uses the term, is not generally considered to be of very limited prevalence among mankind? Wherefore are not all criminals affected with mental diseases? How is it that many persons of a blameless character, some of the most noble patterns of purity of life and uprightness of conduct, exemplars in benevolence and piety, are stricken by this awful visitant, while the burglar, the freebooter and the murderer are left unscathed? Whence is it that mental alienation is so common in enlightened nations, and yet so rare among the aborigines? Is it because there is no vice among the American Indians, that, in all their various tribes, as is asserted by authors of undisputed authority, insanity is unknown? If it be so, then let us leave the bright haunts of civilization and hie away to the forests and the prairies: let us crush the foreheads of the Goliaths of Steam and the Printing Press, and shoulder the quiver and bend the bow amid the solitudes of the desert: let us give up the Bible and the Cross and "bow down to idols of wood and stone." But, no: no species of sophistical reasoning, how plausible soever upon a superficial examination, no metaphysical hair-splitting, how dexterously soever it may be performed, can ever answer the foregoing propositions in such manner as to reconcile them, in my opinion, with the premises of the argument of Heinroth's theory.

In 1829, a Journal devoted to the philosophical and medico-legal study of insanity was commenced. It appeared, at irregular intervals, for a time, and was then discontinued. Dr. Jacobi, in association with Dr. Flemming, of the Sachsenberg, and Dr. Zeller, of the Winenthal Asylum, published a volume of essays upon

insanity, in 1838, with the intention of prosecuting the undertaking at intervals, making the work a serial rather than a periodical. No second volume has appeared. At length, in 1845, the *Journal of Psychiatrie and Psycho-legal Medicine** was established, with Dr. Damerow, of the institution at Halle, as its principal editor, and Drs. Flemming and Roller, the latter of Illenau Asylum, associates. Although printed at Halle, as a matter of convenience to Dr. Damerow, it is published at Berlin by the bookseller, Augustus Hirschwald. If an opinion may be formed from the vigor with which it has hitherto been conducted, as well as from its long list of collaborators,—men distinguished as physicians of the insane, or for their knowledge of psychical medicine and the jurisprudence of insanity, not in Germany alone, but in Denmark, Holland and Switzerland, it will not lack for material, and is established upon a permanent basis. Its editor in chief is one of the most prominent advocates of the doctrines of the Psycho-Somatic school, but both his associates are Somatics. Among its collaborators are found all the gradations of theory, from the somatic to the psychic.

Since the death of Heinroth, Dr. Ideler, of Berlin, is the acknowledged leader of the Psychic school. But, as time has progressed, the conflict of opinions has measurably subsided. The attention of physicians has been diverted from the comparatively barren field of hypothetical controversy, to the more useful domain of practical science, the improvement of hospitals and the treatment of their inmates.

* *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin*; herausgegeben von Deutschlands Irrenärzten, in Verbindung mit Gerichts-ärzten und Criminalisten, unter den Redaction von Damerow, Flemming und Roller. Berlin, Verlag von August Hirschwald.

From the foregoing historical sketch, chiefly of the literature of insanity, it may be justly inferred that little, if anything, was done during the last century for the improvement of the receptacles for the insane in Germany. The initiative, however, was taken, even in the few writings which were published; as these were the preliminary steps which led to more important practical action. The Asylum at Vienna, long, but of late years not very favorably known as the *Narrenthurm*, was completed and opened in 1784, and was probably at that period the best establishment of the kind, as it was the only one *exclusively* devoted to the insane, throughout the German nations. As the eighteenth century was departing, Heinroth, having finished his studies at Paris, carried the principles of his illustrious preceptor within the German borders, and thus added a new and important element to the cause of improvement. An idea of the condition of the German Asylums at the commencement of the present century, may be derived from the language of one of their native authors. Reil, in his "Rhapsodies upon the application of the Psychical Curative Treatment in Mental Disorders,"* published in 1803, wrote as follows: "They are mad-houses, not merely by reason of their inmates, but more especially because they are the very opposite of what they were intended to be. They are neither curative institutions, nor such Asylums for the incurable as humanity can tolerate: they are, for the most part, veritable dens. Has man so little respect for the jewel which makes him man, or so little love for his neighbor who has lost that treasure, that he can not extend to him the hand of assistance and aid him in regaining it? Some of these

* Rhapsodien ueber die Anwendung der psychischen Kurmethode auf Geisteszerruttungen, Halle, 1803.

receptacles are attached to hospitals, others to prisons and houses of correction ; but all are deficient in ventilation, in the facilities for exercise and recreation ; in short, they are wanting in all the physical and moral means necessary to the cure of their patients."

The Asylum at New Ruppín was opened in 1801. In 1805, the government of the Kingdom of Saxony took an important step in the march of improvement, by recognizing the principle that curative treatment should be the first and most important object of institutions for the insane. Acting consistently with this belief, it soon took measures for the foundation of the curative establishment of Sonnenstein. Heinroth and Pienitz, both pupils of Pinel, were Saxons, and how far the action of the government may have been influenced by them does not appear in any of my sources of information. It is, however, a coincidence worthy of remark, that the government under which they lived appears to have taken the lead of all the Germanic Sovereignties, in every important measure for the melioration of the condition of the insane, and the advancement of the knowledge of the proper method of the treatment of mental diseases.* In 1810, the Abbey of Schenau, in Nassau, was prepared and opened for the reception of the insane. In other parts of Prussia and Germany, as an almost necessary result, not of the movements in Saxony alone, but also of the periodical and other publications upon the subject, a general interest began to be more actively awakened in regard to the public institutions.

As one evidence of this, Dr. Langermann, a prominent physician connected with the Asylum at Baireuth, was

* Reil was also a Saxon ; for the territory now known as Prussian Saxony, belonged, until after the wars of Napoleon, to the kingdom of Saxony. It is probable that the writings of that author contributed much towards hastening the action of the government.

called to Berlin in 1810 for the purpose of organizing the institutions for the insane. In the early part of the second decennium of the current century, the hospital of Sonnenstein was opened. In 1812, the Asylum at Sorau commenced operations, and in the same year, the patients at Schenau were removed to Eberbach. In 1815, and the next succeeding years, the institution last mentioned was considerably improved, and in 1817, the Asylum for incurables at Ybbs, in Lower Austria, was opened, but only as an unorganized department of an almshouse. During the third decennium, the progress of improvement was more rapid than at any antecedent period. The institution at Prague was opened, at its present location, in 1822, and enlarged in 1827. The Asylum at Siegburg went into operation in 1825, that of Dusseldorf in 1826, that of Hildesheim in 1827, and Colditz in 1829. The patients of the old receptacle at Pforzheim, in Baden, were removed to the St. Michel-Kloster, at Heidelberg, in 1826, and before the termination of the decade, the preliminary measures were taken which eventually resulted in the erection of the excellent establishment of Illenau. The Sachsenberg Asylum was completed in 1829, and opened on the 1st of January, 1830. The Tyrolese institution, at Hall, and those at Brieg, Leubus and Plagwitz, in Silesia, also went into operation in 1830.

Three of the best institutions now in existence in Germany, were opened in the course of the fourth decennium, viz: Winnenthal, in Wurtemberg, in 1834, Marsberg, in Westphalia, in 1835, and Owinsk, in Posen, in 1838. The excellent establishment for incurables at Zwiefalten, in Wurtemberg, was organized about the year 1839.

In the fifth decennium, important additions to the number of new institutions, and enlargements of some

of those which previously existed, were made. The Asylum of Ruegenwald was opened in 1841, that of Ybbs was organized in 1842, those of Illenau and Stralsund, opened in 1842, and that of Halle in Prussian Saxony, in 1843. The Asylum at Prague was greatly enlarged, and that at Erlangen opened in 1846, that at Paterswald commenced in 1848, and in the summer of 1849 the new buildings at Eichberg, a substitute for Eberbach, as well as those at Vienna, were nearly completed. At Hildesheim, in 1849, the incurable women were transferred to a new and distinct edifice.

The foregoing sketch of the progress of the German institutions is necessarily imperfect. Many of them are not mentioned as I have no information in regard to their origin and developement.

The question of the comparative advantages and disadvantages of large and small establishments, for the curative or the custodial treatment of the insane, has apparently been but little discussed by the Germans. Dr. Julius, of Berlin, whose authority is perhaps second to that of none of his countrymen, in a letter to a friend in England, in the year 1845, discourses upon the subject in the following manner :

"It is an unquestionable principle, and has become, by long experience, nearly a truism, that every public or private institution, whether an asylum, a hospital, a prison, a school, a factory, or a commercial undertaking, for being a good and effective one, and for its profitable success, has certain limits within which it must be restricted. It would not fulfil its purpose, were it too small for bringing into play all the means necessary for its full and useful developement. But, in case of the success of such an instituton a far greater danger is lying in the natural temptation to increase and enlarge it

to such a size as will not allow *one master mind* to direct its course and administration. The institution, though perhaps less expensive in a financial view, and keeping the same thriving, outward appearance, will become, by and by, unmanageable, unwieldy, and gradually flag and deteriorate in its interior working and usefulness. Such an unpropitious event will take place more frequently and rapidly in an institution whose moral powers have to contribute in a large, probably the largest way, to its management. Schools, hospitals, and more than all, penitentiaries, and lunatic asylums, where the individualizing treatment of every case will contribute most, and more than any thing (else) to its success, are subject to the mentioned general principle, which ought never to be left out of view for its real and essential well-being.

"After looking, conjointly with Dr. Damerow, through a list of the thirteen best and largest German Asylums—at Siegburg, Marsberg, Hildesheim, Sachsenberg, Halle, Leubus, Owinsk, Sonnenstein, Prague, Vienna, Winnenthal, Illenau and Eberbach*,—we have found that not a single one among them has more than four hundred patients, and a great part, less than three hundred.† But,

* In the English translation of the letter of Dr. Julius, from which the quotation is made, these names are: "Siegburg, Marsburg, Hildesheim, Carlsburg, Halle, Leubus, Owinok, Sorrenstein, Prague, Vienna, Winnenthal, Illerow and Eberboeb." I have taken the liberty to make the alterations necessary to accuracy.

† A stranger to the subject would probably infer from this sentence, that the Institutions mentioned were larger than they actually are. Those of Halle and Illenau are the only ones intended for as many as four hundred patients. The latest data in my possession in regard to the numbers at the several Asylums, are as follows: Illenau, August, 1849, 430; Halle, July, 1849, 262; Vienna, August, 1849, 360; Marsberg, January 1st, 1848, 319; Sachsenberg, January 1st, 1849, 257; Siegburg, September 30th, 1846, 194; Sonnenstein, December 31st, 1845, 237; Eberbach, July, 1849, 151; Hildesheim, July, 1849, Asylum for curables intended for 200—nearly full; for incurable men, 183, for incurable women, 160, intended for 180. Leubus, August, 1849, 150; Winnenthal, February 28th 1846, 103.

my dear sir, this is not all: in the larger asylums, of between two and four hundred patients, the smaller half is composed of *curable*, the larger one of *incurable* patients. This important distinction at present forms the basis of all German Asylums."

Dr. Jacobi, in his work on the Construction and Management of Hospitals, says: "Many writers have believed that four or six hundred patients, or even a greater number, are not too many to be received in the same establishment. For my part I entirely dissent from this opinion, since my own experience convinces me that the maximum number of patients to be admitted into one and the same establishment, ought never to exceed two hundred."

The propriety of placing the incurable insane in asylums specially designed for them, has already been somewhat discussed in the United States. As our country advances in age and in population, as the number of the insane increases and the necessity of supplying special establishments for a greater proportionate number of them is more generally acknowledged, the question will undoubtedly demand further attention, and be so urgently pressed as to require the active exertions, as well as the combined vigilance and wisdom of those who are most familiar with the subject, to settle it according to the dictates of true humanity. In Germany, it appears to be generally conceded that, where the numbers of the insane are sufficiently large, the curables and the incurables should be separated. This, at least, as will be perceived in the following descriptions of asylums, is the prevalent practice. The two classes are distinct, and, in several instances, many miles asunder. But the important proposition has arisen, whether the institutions for the two

classes ought to be entirely disjoined, and independent each of the other, or, on the contrary, in "relative union" each with the other, in the same vicinage and under one and the same executive control. This subject has been discussed by various authors, perhaps by no one at greater length, or with more ability than Dr. Damerow.* He advocates the cause of their "relative union." Dr. Viszànik espouses the same side of the question and argues with no little warmth. Both he and other writers attach great importance to the injurious influence which they believe that the idea of entering an asylum for incurables would exert upon the patients. "Among the evils," says he, "under which an institution for incurable insane, how well soever organized, must suffer, if it be not in relative connection with a curative hospital, it must have numerous other defects so soon as it receives the name 'Asylum for Incurables' like a damning sentence impressed upon the forehead."†

The difficulty of deciding in regard to the curability of patients is another prominent argument. "When, and how often," asks the author just quoted, "can a physician venture, with a quiet conscience, to express an opinion of incurability, like a sentence of condemnation?" "God only knows," said Langermann, the Prussian State's Counsellor, "whether an insane person can be cured or not."

In the ardency of zeal with which he prosecutes his special pleading, Dr. Viszànik ventures the assertion that

* Ueber die relative Verbindung der Irrenheil-und Pflege-anstalten in historisch-kritischer, so wie in moralischer, wissenschaftlicher und administrativer Beziehung. Eine staats-arznei-wissenschaftliche Abhandlung, von Heinrich Damerow, Doctor und Professor der Medicin. Leipzig: 1840.

† Die Irrenheil-und Pflegeanstalten Deutschlands, Frankreichs; sammt der Cretinen-Anstalt auf dem Abendberge in der Schweiz, mit eigenen Bemerkungen, herausgegeben von Michel Viszanik, Doctor der Medicin. Wien: 1845.

"cures, in absolutely disconnected, incurable asylums, are to be reckoned among miracles." We have generally been taught, in modern times, upon this side of the Atlantic, that the days of miracles have passed. But Dr. Viszánik, in another work* published in the same year with that in which the above assertion occurs, informs us that, at the Asylum for incurables, at Ybbs, which receives nearly all its patients from the curative institution of which he is, himself, the superintending Physician, no less than *five per cent* are cured !

Dr. Zeller takes the opposite side of the question, and gives his reasons therefor, calmly and dispassionately. By following him, in the subjoined analysis of his argument, not only his views of the subject, but also, impliedly, the principal positions of his opponents will be understood.

It is acknowledged that two separate establishments are more expensive than one sufficiently large to accommodate the same number of patients ; but the pecuniary cost, being subordinate to the welfare of the persons for whom the institutions are intended, should be overlooked. Even if it be taken into consideration, the advantages of establishments independent of, and isolated from each other, are more than sufficient to counterbalance the extra expense. All the arguments of any weight in favor of relatively connected asylums, spring from the premises that the incurable institution cannot enjoy the same advantages, and be pervaded by the same philosophical and humane spirit as that for curables. This has been proved untrue by the admirable management of the Asylum for incurables at Colditz, by Dr. Hayner. The spheres of

* Leistungen und Statistik der kaiserlichen koeniglichen Irrenheilanstalt zu Wien, seit ihrer Gruendung, im Jahre 1784, bis zum Jahre 1844. Herausgegeben von Michel Viszanik, Dr. der Medicin, &c. Wien, 1845.

the two institutions are very different. They are specialties, and consequently can be better conducted by two persons than by one. The accumulation of a large number of the insane in one establishment, or in the same vicinity, has an unfavorable influence. The constant changes of patients, in curative hospitals, requires different house-regulations, and a different relation with the outer world from those which are adapted to an asylum which becomes the permanent residence of its inmates. In asylums for the incurable, various handicrafts may be regularly and systematically pursued, which cannot be prosecuted in those for curables because, almost as soon as the patients begin to work, they are discharged. As the two institutions must be managed upon different principles, they will mutually interfere, each becoming a source of trouble and annoyance to the other. The interests of the incurables will then be sacrificed to that of the curables, and the asylum for the former will sink into a mere house of detention. The sight of so many wretched beings would act unfavorably upon the curable patients. It is painful even to physicians, and Dr. Zeller has known it to be so to patients who have complained of it, after they have recovered. If it be impossible positively to decide whether a person be curable or incurable, it, nevertheless, can generally be done with great certainty. If it be possible to cure a patient who, after long residence in a certain establishment, has been pronounced incurable, the change of scenery, in his removal to the distant asylum, the placing of him under the care of another physician, and all the new relations into which he is brought will be the most likely, of all means which could be adopted, to effect that cure. If the institution for incurables be remote from that for curables, the patient will be detained longer in the latter than he

would be if they were immediately connected. If the incurable asylum be at a distance, the idea of removal to it, such removal being considered a more important measure than it would be if that asylum were near, would call forth all the energies of the patient, provided that any yet remain to him. If the two institutions be separate, many patients will be taken from their homes to the curative hospital, who, if they were connected, would be immediately placed in the asylum for incurables.

Such is the substance of Dr. Zeller's exposition. It is proper to remark that, judging from my knowledge of the subject, the balance of opinion among the German physicians is against him, and in favor of relatively connected institutions. All the new establishments, as, for example, those of Halle, Eichberg, Illenau and Vienna, are calculated for both curables and incurables, the two classes being placed in separate departments.

I conceive that the greatest objection to all and any asylums for incurables, is their liability to neglect and abuse. They must be directed by an executive officer of ability, energy and constant watchfulness, or their natural tendency to degeneracy will not be counteracted. If such institutions must exist, let them be organized as if they were for curables, with a physician of unquestionable capacity for his place, as superintendent. If they can be so organized, and, further, if they can be furnished with all necessary means of moral treatment, it appears to me that two separate establishments for two hundred patients each, one for curables and the other for incurables, would be conducted with more favorable results than if the two were united under one roof and subject to the direction of but one controlling executive officer. It is impossible for the "individualizing treatment,"

upon which Dr. Julius very properly places great importance, to be administered with all the effect of which it is capable, in an establishment where, as at Illenau, upwards of four hundred patients are congregated under the care of one directing head.

But, after all that has been said and written, and all which I can imagine it possible to be said or written upon the subject, it appears to me that the true method to be pursued, in regard to lunatic asylums, is this: let no institution have more than two hundred patients, and let all receive both curables and incurables, in the natural proportion in which applications are made for the admission of the two classes, from the respective districts in which these institutions are located.

Perhaps there will be no more appropriate place than the present to introduce a subject which, although not so immediately relative to asylums as some others, is fraught with vital importance in respect to the welfare of the insane. I allude to the instruction of medical students in mental disorders. This is a grave question, and, if the good of the people be consulted, must, in future, demand more attention in the United States than it has hitherto received. What course of lectures on surgery in our colleges would be considered perfect, if cancer, lupus, fungus hæmatodes, concussion of the brain or of the spinal cord, aneurism of the aorta or of the smaller arteries, elephantiasis, strangulated hernia, fracture of the olecranon, the upward and outward and the upward and inward dislocation of the femur, should be allowed to pass unmentioned by the professor? What student would be honored with a diploma if he had never read a word in regard to either of them? The number of cases of mental maladies in the United States probably exceeds that of all the foregoing dis-

eases and injuries combined ; and yet the subject of insanity does not enter into the programme of lectures in any of our leading medical schools. It is safe, perhaps, to assert that not one in ten of the graduates of those schools has ever read a treatise upon mental disorders. They issue from them with a *carte blanche*, authorizing them to treat all diseases with which the human race is afflicted. They are called to a case of mania, and, with their general ideas of inflammation and excitement, however indistinct or undirected by sound judgment these may be, plunge the lancet into a vein and rest satisfied with the idea that they have practised *secundum artem*, and consequently done precisely the thing which was necessary. Now, verily, "these things ought not so to be." The interests involved are too extensive and too sacred to be dealt with in this unenlightened manner. They are too important to be thus lightly made the playthings, and, but too often, the sacrifice of ignorance.

The Germans, although they have not yet arrived at perfection in regard to this subject, are nevertheless far in advance of the Americans. Physicians who have written upon it, while they are unanimous, so far as I am aware, in the opinion of the necessity of giving instruction in mental disorders, and that the theory should be taught from the chairs of the medical colleges, differ in respect to the method by which the practice should be inculcated. Some advocate the establishment of clinics in the asylums ; others call for such clinics in the universities ; and a third class demand that physicians, immediately or soon after they have graduated, shall be temporarily admitted into the asylums, there to study the disease. Reil, so long ago as the year 1803, advised that a number of suitable persons should be selected from among the medical students and placed in

the asylums, where, while learning the peculiar art, they might render assistance in the treatment of the patients. Dr. Roller also disapproves of clinics in the asylums. He would have a professorship of mental diseases (*psychiatrie*) as well as clinical instruction, in each university. The patients for the clinics should be brought from their homes, in the district surrounding the university, and, after examination, returned or conveyed to an institution for the insane. He also proposes to take six physicians, immediately after they have completed their other medical studies, as *internes* into the Illenau Asylum; and after they have remained a certain time, exchange them for six more, continuing the process until all the medical graduates in the Grand Duchy of Baden shall have had an opportunity of taking advantage of this means of instruction. A practice similar to this is pursued at the Charity Hospital, in Berlin. Only a small proportion of the young physicians, however, can be benefitted by it, as those of each group remain several months in the hospital. Heinroth advocated this method, declaring that "a physician only half understands his art if he has not a knowledge of mental diseases."

Dr. Zeller, regarding the subject from that lofty height which he assumes as the point from which to observe insanity, in all its relationships, expresses his views in the subjoined extract.

"In spite of the advocacy of so many great and learned men, a particular clinical instruction in an institution for the insane is a non-entity. Insanity can be no object of study, in the common sense of the word. That which runs against the healing aim cannot be suffered; and whoever would penetrate these places, so full of deep problems and sufferings, needs more than to belong to a mere college; he requires the most humane education, and a scientific and moral ripeness and solidity. Whoever comes into an institution unprepared, is a burden and corrup-

tion to the patients, and the advantage which the observance of the insane secures to him, is trifling and vain."*

It is to be feared that, for once, this eminent and excellent man has fallen into the error of the affectionate mother who commanded her son never to go near the water until he had learned to swim.

The first professorship of psychiatrie, in Germany, was at the University of Leipsic. It was established in 1811, and filled, for many years, by Heinroth. Others have since been founded, but I am not informed of the present number.

In 1812, the Commissioners in Lunacy for the kingdom of Saxony asked the opinion of Dr. Pienitz, of Sonnenstein, and Dr. Hayner, then of the Asylum at Waldheim which was subsequently removed to Colditz, in regard to the propriety of establishing clinics in the asylums.—They both approved of the enterprise and offered all the assistance, necessary from them, for its accomplishment. They drew up a plan of operations which was presented to Dr. Kreisig, the Aulic Counsellor and Body Physician to the King. He not only approved of it, but made additional propositions. It was then submitted to the Commissioners of Education for the kingdom, and met their approbation. Finally, it was laid before the Medical Faculties at Leipsic and Wittenberg, who recommended the undertaking as one which must be eminently useful. The Faculty at Leipsic even proposed that instruction at these clinics should be one of the requisitions, indispensable to the acquisition of a diploma. The Royal Ecclesiastical Counsellor gave his opinion that the plan was one of the most important which could be devised for the general good of the people. The enterprise was thus

* Houses and Institutions for the Insane. Translated from the German of Zeller, by A. O. Kellogg, M. D.

matured and ready to be put in operation—but at an unpropitious moment. The congress of Vienna was held, and, by the treaties there concluded, a large part of the territory of Saxony was ceded to another government. The royal revenues were consequently so materially diminished that the undertaking was abandoned.

The Chevalier G. A. C. Nostitz, Royal Conference Minister and Privy Counsellor to the King of Saxony, appears to have done much towards the promotion of their welfare. He wrote a description of Sonnenstein, with remarks upon Asylums in general.* When Director of the Commission in Lunacy, he represented to the government the evils arising from the system pursued at Waldheim, where the insane were kept in a department of the prison, and the convicts were their attendants, and thus procured the transfer of them to Colditz. This benefactor of his race contended that, inasmuch as all the Saxon physicians were empowered by their diploma to treat mental diseases, they should be required to study them; and that the necessary facilities therefor should be furnished by the royal government. He advocated the plan of a special professorship of psychical therapeutics in each university; and clinics in the asylums, to be attended by physicians immediately after the completion of their other studies.

Although the plan of instruction proposed by the Saxon commissioners was, by an unforeseen and untoward event, doomed to failure, it has been partially substituted by Dr. Pienitz, who has had a number of young physicians under his tuition at Pirna. Among those who were here instructed in the treatment of mental diseases, are

* Beschreibung der koeniglichen sachsischen Heil- und Verpflegungsanstalt Sonnenstein. Mit Bemerkungen ueber Anstalten fur Herstellung oder Verwahrung der Geisteskranken, von G. A. C. Nostitz und Jaenkendorf, auf Oppach, &c., &c. Dresden, 1829.

Dr. Moritz Martini, now Superintendent of the Asylum at Leubus; Dr. P. W. Jessen, formerly of the Royal Institution of Schleswig; Dr. C. Flemming, of the Institution for Mechlenberg-Schwerin; Dr. C. F. W. Roller, of Illenau, and Dr. R. Marcher, of the Royal Danish Institution, at Copenhagen.

Clinical instruction has been given, for many years, at the Charity Hospital, in Berlin. In a work* published in 1835, Dr. Ideler maintains that, if the teacher selects the patients skilfully, proceeds with the necessary prudence, and confines himself strictly within the bounds of propriety, he may question them, even in the presence of strangers, upon all the secrets of their hearts, and elicit such answers and remarks as shall impart a full knowledge of their cases; Dr. Riedel, of the Bohemian Asylum, at Prague, has given instruction in mental diseases, ever since the year 1841; Dr. Damerow, of Halle, has held clinics in the Institution of which he is Superintendent, several years. Students in the last year of their studies are alone permitted to attend them, and they are not allowed to enter the departments of the patients, unless by special permission. Instruction is imparted by lectures, the exhibition of the results of autopsical researches, and the examination of patients. No insane person, however, is brought before the audience, if there are family or other important objections to such a proceeding.

Another means of improvement in the knowledge of mental diseases has been adopted. At the meeting of the Association of German Naturalists and Physicians, at Kiel, in September, 1846, upon the proposition of Dr. Mansfield, of Brunswick, a section for Anthropology and Psychiatrie was formed, of which Dr. Jessen was elected

* *Grundrisse der Seelenheilkunde*, 2 vols., Berlin, 1835.

President. No previous preparation having been made for an exigency of the kind, the proceedings were confined to the discussion of a few subjects in regard to the treatment of the insane. In September, 1847, the Association assembled at Aix-La-Chapelle, and thirteen Physicians connected with institutions for the insane were present, in the section mentioned. Many of the other members of the association attended their sittings. The opening address was delivered by Dr. Hahn. Among the essays read in the course of the meeting, were the following: On the principal Forms of Chronic Insanity, by Dr. Richarz; The differential Diagnosis of latent Pulmonary Diseases of the Insane, by Dr. Heinrich; On Præcordial Pain, by Dr. Flemming; The Action of Antimony, in its Application in Mental Diseases, by Dr. Flemming; The Use of Opium (in Insanity) by Dr. Frederick Engelken; Typical Insanity, (*Psychosis typica*), by Dr. Focke; The Advantages of several small public Asylums for the Insane, in different sections of a Country, over one large, central Institution, by Dr. Richarz.

It was resolved that several physicians should unite in testing, by their personal observation and by the collected experience of others, the effects of particular medical agents in mental diseases, and that their reports thereupon should be published in the *Journal for Psychiatrie*. The following subjects were proposed, and a committee of three appointed for each. 1st. Tartarised Antimony and Sulphate of Copper, as compared with each other. 2d. The comparative value of *Digitalis* and *Digitalin*; 3d. Opium and its preparations; 4th. Camphor.

It is universally admitted, in Germany, that, in the organization of curative hospitals for the insane, the Superintendent, or as he is there called, the "Director" should be a physician; that he should be, not only *nominally* but

virtually, the presiding officer, to whom all others are subordinate; that he should be the Director, not merely of a part, but of the whole of the establishment, in all its departments. They believe that an institution is best managed where the executive power is a unit. They have no faith in the attempt to couple together independent officers, after the manner of the Siamese twins, lest they might not, like Eng and Chang, always think and act alike. Much less do they advocate the doctrine of the necessity of making a lunatic asylum a three-headed Cerberus.

"An institution for the insane," says Dr. Zeller, in the work already quoted, "must, in all essential respects, bear a healing character, and its direction should only be a medical one, and the domestic arrangements, if the whole idea of the institution would not be endangered and destroyed, must be entirely subordinate to this. Thus the whole organization becomes effectual;—otherwise, it is a mere abortion. Indeed, it is an absolute condition of the success and efficiency of an institution for the insane, that the physician not only have the preference, but that he be endowed with supreme and complete authority, by which alone the internal affairs of the institution can be governed, and unity and firmness be secured. All must be placed in the hands of one, and although the chief physician can and must strengthen his own powers by medical and other aid, yet to him, in the nature of the calling, belongs the limitation of the power of every other person in the institution."

"As spirit and body in man, by the soul, so spirit and organization, in an institution for the insane, are by the physician bound together in a living unity." So writes Professor Damerow: and again, in another place, "Langermann, in the Asylum at Baireuth, illustrated the

idea of the perfect physician to the insane, and the proposition that 'the First and Last, the One and All, in an institution for the insane' is, and continues to be, the Physician."

"The proper soul of an institution for the insane," said Heinroth, "is the Physician." The Germans have acted consistently with this assertion. The Director of each asylum has an unconditional voice in its management. As has been said of Sonnenstein, "All changes, all improvements emanate from him; not even a door can be altered without his approbation." What is the result? "The improved condition of this Institution," says Dr. Roller, of Illenau, "as well as of others of the kind, was coincident with the time at which they were placed under the direction of physicians."

The medical men engaged in this speciality are among the most eminent of the land; and most of them have received the highest honorary distinctions from their respective sovereigns. Dr. Pienitz has been knighted, and appointed Aulic Counsellor; Drs. Martini and Jacobi have been made Private Counsellors of Health; Drs. Jacobi and Flemming, Chief Medical Counsellors; Drs. Roller and Amelung, Medical Counsellors; and Drs. Zeller, Heinroth, Bergmann and Schæffer, Aulic Counsellors. In the kingdom of Saxony, the superintendents of the asylums are not merely experts, but judge and jury, at least so far as the question of insanity is concerned. Their opinion given to the supreme courts is decisive, independent of all superior arbitration.

Most of the public institutions for the insane in Germany are founded either by the royal or the provincial government. The superintendent of each is appointed by the ministers or immediate counsellors of the Sovereign, who ratifies that appointment. His office is per-

manent. As a general rule, he makes periodical reports to the government, but these, so far as my knowledge extends, are never printed.* The institution over which he presides is rarely, in some instances only at intervals of several years, subjected to the inspection of any authority superior to himself. There may be different opinions in regard to the propriety of this custom. In the management of a public institution of this kind, there may be, as in other things, extremes—errors of the right hand as well as of the left; and, as a general rule, it would be difficult to decide as to which institution is in the most unfortunate and unfavorable condition, that which is deleteriously neglected by superior authorities, or that which, to use an old but very expressive phrase, is “managed too much.” Certainly, the man who occupies the place of superintendent of an asylum for the insane, a post than which few, if its duties be faithfully performed, are more onerous, must feel greatly encouraged and strengthened by occasional visits, the counsel and the suggestions of enlightened, judicious and sympathising men. The good farmer may be thankful for assistance in cultivating his field, although, if his office be to hold the plough, he may not be content with no other occupation than that of turning, with his hands, the furrow. If an institution be intended for public benefit, justice to the people requires that suitable provision should be made to insure its proper management. I know not that the German asylums would be better managed than they are if they were more frequently visited by a government commission. I certainly believe that they are, in their present condition, quite as

* The Reports by Dr. Zeller, from which extracts are hereinafter made, were not official. They were made at intervals of three years and published in a medical journal, the “*Medicinisches Correspondenz-Blatt des Wurtembergischen Arztlichen Vereins*,” at Stuttgart.

well conducted as some which are subjected to frequent inspection. One of the German superintendents remarked to me that he thought the royal government left the control and direction of the institution with which he is connected, too exclusively to himself.

Had it been my object in writing the following descriptions, to record those things alone which, in the present condition of American asylums, might be practically valuable to persons engaged in the management of the insane, or in designing buildings for their accommodation and custody, I must necessarily have confined myself to a few brief pages. I had another purpose—that of endeavoring to convey an accurate idea of the institutions, not only collectively but individually, of the German countries. It appeared to me that this object could best be attained by a simple narrative of what I saw, and of such information as was obtained, either verbally from the officers of the asylums, or from other authentic and public sources. Comparisons have almost invariably been avoided, and comments generally, and with but few exceptions, abstained from. In this place, however, as generals may be indulged in, I can perceive no impropriety, no breach of etiquette, in giving a brief exposition of my opinion of the German institutions, as measured by the standard of those in the United States.

A large proportion of the buildings occupied as hospitals or asylums for the insane in Germany, were formerly monastic establishments. Their architectural arrangements are not only of a former age, but were adapted to a different purpose, and hence are less convenient than those of most of our institutions. Still, their conversion into asylums for the insane has already been productive of at least one advantage. It has ac-

customed the officers of those institutions to large rooms, so that, in the construction of new buildings, the principle of providing accommodations for the greatest number of patients in the least possible space does not enter into consideration. It is really a delightful treat to see the large, well-lighted and airy corridors of Eichberg and the Asylum at Halle. The number of cubic feet of enclosed space in the principal German institutions is probably not less than twice as great, in proportion to the number of patients, as in those of the United States. Such asylums as have been recently erected, and specially designed for the purpose, as, for example, those of Halle, Illenau and Eichberg, are great improvements upon the others, and yet in point of convenience are unequal to some of ours. In their asylums generally, the apartments for patients have not that finished aspect of comfort which is found in many of the American institutions. This is particularly owing to the universal absence of carpets. Yet, relatively to the prevailing customs of the people, they are probably as well furnished as ours. In the conveniences of the kitchen, the laundry, and the means of distributing food throughout the house, they are inferior. Cooking is rarely done by steam. I saw no wringing-press and no dumb-waiter. Mechanical appliances for the purpose of bodily restraint are probably somewhat more extensively used than upon this side of the Atlantic. In the special descriptions of the hospitals, I have forborne from mentioning the extent to which I saw them actually in use. Statements of that kind might have led to very erroneous conclusions. My visit at one institution may have been at a moment of the greatest excitement among the patients, that at another, at a period of the most general tranquility. Again, at some places, I was conducted

throughout the establishment; at others, only through a part. Generally, I saw the department for the violent, but not invariably. The remark may here be permitted that when, during the time in which I was connected with an institution for the insane, I was favored with a visit from a professional brother who was engaged in the same speciality, and a principal object of whose visit was to see the establishment, I made it a point not only to conduct him through every ward, but that every door should be opened. The credit was given him of coming to learn the advantages of the institution, not of seeking for demerits nor of matter for cavil.

In most of the particulars of moral treatment, the German asylums are fully equal to those of the United States. In the most important point of all—if reference be had to curative treatment, or the quietude, order and hygienic condition of the patients—that of manual employment for the inmates, they are superior. The radical source of this superiority lies, undoubtedly, not in the more ardent wishes or the greater efforts of their superintendents for the welfare of their patients—for, in these respects, none can excel the officers of the American asylums,—but in the education of the people, and the nature of the political governments under which they live. Obedience to authority becomes, by education, more a matter of principle or of habit. Furthermore, the asylums are more independent than ours, and the retention and management of patients more optional with the officers.

Before leaving the sphere of comparison it may not be amiss to introduce the following, by a German physician, although the American “psychiater” is not made to figure in it. “The English physician to the insane (*psychiater*) believes that the attainment of the greatest

possible degree of comfort, the French, that the ennobling of the intellect, the Belgian—and the foremost among these is Guislain—that the removal of all care and trouble from the mind, and, finally, the German—who supposes both body and soul diseased in insanity—that the freeing of both body and soul from all burdens and shackles—the riddance from the immediate and the remote cause of the mental disturbance—is the highest mission of his treatment of the insane.”* If Dr. Mahir be desirous of knowing how matters stand in this respect in the western hemisphere, he may be assured that his American colleague harbors a portion of the faith of the Englishman, the Frenchman, the Belgian and the German. If it be necessary still more accurately to define his position, then must he inevitably fall into the category of the resident of his fatherland, the “comfortable” old Anglo-Saxon.

The Germans were not tardy in adopting the more enlightened treatment of modern days. Even as early as 1805 the following remarkable language was held by Dr. Langermann, in reference to the Asylum at Baireuth :

“Two years ago I was commissioned to examine into the condition of this establishment and to propose a plan for remedying its present defects. . . . For patients of a higher class, who are accustomed to more comfortable accommodations and better surroundings, the Princess-house, adjoining the Asylum, will be prepared. The special edifice of the curative institution will be made one third larger, by the construction of a room for a douche and a large plunge-bath, a hall for instruction,

* Ueber Irren-Heilanstalten, Pflege und Behandlung der Geisteskranken, nach den Principien der bewahrtesten Irrenärzte Belgiens, Englands, Frankreichs und Deutschlands. Von Oscar Mahir, Med. Chirurg. und Philos. Doctor, etc., etc. Stuttgart und Tübingen, 1846.

the necessary workshops and apartments for the convalescent. In the two spacious, adjacent gardens, arrangements will be made for work, exercise and games in the open air. The employees of the Asylum will be increased by new attendants, and a special instructor of either sex. Besides the surgeon, who resides in the house, the physician will be supplied with an assistant. For the guidance and care of the institution, a special direction, consisting of myself and the War-and-Domain Counsellor, Fischer, has been appointed. I am, at the same time, the Physician of the Asylum, and hope to see the improvements soon completed and myself in a condition to exhibit the first psychical curative institution in Germany, with its certain benevolent results."

This project of Dr. Langermann was matured in 1804. It will be perceived that it embraces nearly the whole scheme of the moral treatment of the insane at the present day. To what extent, however, it was prosecuted, we are not informed; but Dr. Damerow refers to Langermann's career at Baireuth as one of great ability. He was called from it in 1810, to the performance of more comprehensive duties, in more immediate connection with the royal government, as "Chief Minister of Spiritual Instruction and Medical Affairs."

The Sonnenstein Asylum attained a high celebrity for skillful and successful management, upon the modern principles, several years prior to the establishment of any American institution exclusively devoted to the insane, with the exception, perhaps, of the Eastern Asylum of Virginia.

In 1830, a period at which there were but five institutions for the insane in the United States, when comparatively little had here been written upon the subject, Dr. Riedel published a description of the Asylum at Prague,

in which, so far as regards the moral treatment, he took a position nearly, if not quite, as advanced as that of any author of later days. Dr. Julius, who visited the institutions of Great Britain a few years since, and presented a report thereupon to the Prussian government, expresses his opinion, in the letter already quoted, that, in Germany, "the moral treatment of the insane is more generally understood than anywhere else."

In regard to the use of restraining apparatus, the opinions and the consequent practice of the several superintendents, are somewhat at variance; yet all, so far as I am acquainted, concur in the belief that those means of restraint should not be wholly abandoned. Drs. Jacobi and Damerow oppose the doctrine of non-restraint promulgated by some of the English physicians; and, upon the same subject, Dr. Roller writes as follows. "The physicians of Illenau are not unacquainted with that which has been done in England, but they consider the subject as not yet sufficiently investigated to authorize a judgment. They doubt that the many reasons for diminishing the means of restraint, demand, also, their entire banishment; and that this, if it be practicable, is advisable."*

The subjoined extract is from the work of Dr. Riedel, published, as already mentioned, in 1830. "As restraint is the magician's wand by means of which the psychical physician brings back the mind that has wandered from its limits, into the bright realm of unclouded reason, it consequently follows that the means of restraint are a necessity. Yet, of these there is generally a false and exaggerated impression. It appears as if people cannot think of an institution for the insane without a richly-furnished armory of the most exquisite implements of tor-

* Illenau, die Grossherzoglich Badische Heil-und Pflegeanstalt. Rastadt, 1847.

ture,—without chains and scourges and bands of iron. Thanks be to the truly humane spirit which, in the last decennium, has forced its way like an affectionate genius, into the cells of our brethren who had sunk to a condition below that of the brutes, and banished from most of the institutions for the insane that which an iron age had made a necessity. The brilliant progress of later years, which has forced the healing art into elevating the condition of the insane, is especially to be placed to the credit of humanity—that humanity which does not permit us to forget that the mind bound in the chains of delusion still retains its sensibility, and is susceptible to the proofs of sympathy and love. Agreeably to this view, the means of restraint are used (at the Prague Asylum) only in the most urgent cases, where the safety of the patient or of those by whom he is surrounded is endangered.”*

Dr. Zeller wrote as follows, in 1835. “We endeavor to avoid every thing which might cause pain or fear, even in those who are the most excited. Hence, all those implements with which these unfortunate beings were formerly tortured have been banished. The jacket answers in most cases, or the camisole and the stuffed leather spring-straps.† We are rarely obliged to use the coercion-chair or the restraining girdle.‡ The last is necessary with those patients alone who, adroit and supple, will extricate themselves, with the skilfulness of a juggler, from the most carefully prepared implements, and that, too, without loosening a strap or a knot.”§

* Prag's Irrenanstalt und ihre Leistungen in den Jahren 1827, 1828 und 1829. Von Jos. G. Riedel, Dr. der Medizin.

† Straps used as fetters for the legs.

‡ The belt and wrist-straps.

§ Bericht ueber die Wirksamkeit der Heilanstalt Winnenthal. Von Hofrath Dr. Zeller, Direktor der Heilanstalt.

It is probable that the experience of the long intervals since the foregoing extracts were written, has enabled the authors of both of them still further to dispense with restraining apparatus. I did not visit the Asylum at Prague, and consequently cannot speak of the present practice of Dr. Riedel; but it is due to Dr. Zeller that it be mentioned here, as it is stated in another place, that at Winnenthal, where I went through every department except that for violent women, I saw no patient under bodily restraint.

The subjoined remarks of Dr. Zeller were written since the promulgation of the non-restraint system of the English.

"The turning-wheel, turning-bed and turning-chair have become obsolete. Their operation is often dangerous, seldom healthy, ever unsafe. In modern times, particularly in England, where earlier, as well as now, these means of restraint were cultivated to an incredible extent, men have gone as far to the contrary, and would banish and forbid, under menace of punishment, all such remedies, but doubtless only to the greatest injury of the patients themselves; for judicious, dexterously applied mechanical restraint, is often of such benefit that the insane will sometimes request it, if they feel the paroxysm approaching. Solitude is so urgent and wholesome a necessity for many raving insane that without it they can get no rest. In the presence of men most beloved by them they often rave the most fearfully; and though they are not put out of a situation for following their diseased impulses, yet we cannot leave them alone in their senseless fury. The solitude and predominance of the institution, which does not subject them to the tearing, restraining and binding of men, but opposes to them a simple, painless and mechanical restraint,

brings them the soonest to recollection; and, likewise, the soft pressure exercised, by the bindings, upon individual nerves, is often, as in other spasmodic and neuralgic affections, of decided advantage.

"Besides, in many cases, the presence of a mass of attendants is not sufficient to restrain a determined, dexterous, powerfully muscular and cunning patient in his frantic designs; and without the help of mechanical means, the limits of self-defence against his assaults are by no means so accurately drawn, as not to permit of much more active violence, on the part of the attendants, than where a strong restraint is laid upon the necessities of the case, and only resting upon the medical regulations and the careful use of the given coercive means.

"But as to correctional means, in the strictest sense of the word, there are none in a good institution; and if strong measures are necessary, they must ever bear, at the same time, more or less of a medical or therapeutical character, and correspond precisely to the mental peculiarity of the patient, whereby their particular healing aim is not lost. The punishment must ever be a benefit and a remedy; Therefore we direct the most reasonable mode, not excepting the most extended douche, the deprivation of nourishment and the like, seeking out, for each individual case, the most suitable measure, which often requires the deepest meditation."*

The following remarks upon the subject were made by Dr. Jacobi, in 1846. "At the time of the present writing, of one hundred and ninety-six patients in the institution, (at Siegburg) the free movement of but four, and those by the restraining jacket, is prevented. During the past eight days, and, at other times, for a longer period, no one has been placed in the restraining chair or otherwise

* Houses and Institutions for the Insane. Translated by Dr. Kellogg.

shackled. But, nevertheless, we never hesitate to apply such means, though in the mildest form and with the shortest duration possible, so soon as all other treatment appears fruitless or less requisite, as, for instance, when a strong propensity to violence, a high degree of indecency, a wicked perversity, a decided attempt at suicide, or other injurious tendencies make these means of restraint to appear the most appropriate method of securing the personal safety of the patient and of those who surround him, as well as of preserving decency, cleanliness and order. The wholesomeness of this procedure is constantly confirmed by observation, and one may not unfrequently be convinced that the application of restraining apparatus, even for a short time, perhaps but half a day, most effectually prevents the return of the paroxysms which gave occasion for that application, and, in that way, materially contributes to the attainment of a rapid cure. So far as has come to my knowledge, the judgment of the German physicians to the insane is unanimous herein; and in one of our largest institutions, the attempt to carry out, to its fullest extent, at least for the female patients, the non-restraint system of the English, has, after being followed with great perseverance for a considerable time, at length been wholly abandoned.”*

Dr. Tschallener, of the Tyrolese Asylum at Hall, after entering into a detail of his principles of moral treatment, finally includes them in the following summary. “No further addition is necessary to show that the guiding spirit of the treatment at this institution is that of goodness, of exhortation, of entreaty and of menace; and when all this is fruitless, but not till then, the spirit of restraint, of earnestness, of coercion, and even

* Aertztlicher Bericht ueber die Wirksamkeit der Heilanstalt zu Siegburg. Erstattet im December, 1846.

of punishment, as in disobedient, self-willed, stiff-necked and spoiled children. The artist moulds the soft alabaster with one instrument, but the solid marble with another.*" As evidence of the occasional utility of corporal restraint, he relates the case of one of his female attendants, who, upon becoming insane, laughed at all the efforts and ministrations of kindness. The application of the jacket first placed her upon the way of recovery. Another female patient told him, after her restoration to health, that if the jacket had been earlier applied in her case, she should sooner have recovered. Yet, he recommends the delay of restraint until it be absolutely necessary, that it be resorted to with judgement and not continued long. In the work already quoted, he gives a description, illustrated by engravings, of the restraining-chair used in the asylum under his care. It is made of thick plank, and, to give it additional strength, is bound with bands of iron. The sides project beyond the feet of the patient, when he is seated, to a height just above the knees. Above that point the projection is not so great, but is still a little in advance of the patient's body. The sides and back rise above his head. The patient being placed in it, a strong board, running in grooves in the sides, is pushed down in front of his body until the lower extremity reaches the thighs, while the upper one is on a level with the back and sides of the chair. In this position it is fastened. Another board is placed, by a similar arrangement, in front of the legs, extending from the floor to the top of the knees. A third, suspended by hinges at the top of the back, is turned over, like a lid, and fastened down above his head. This

* Beschreibung der kaiserlichen, koeniglichen Irrenanstalt zu Hall, in Tirol. Herausgegeben von Johann Tschallener, Direktor und Primar-
arzte dieser anstalt. Innsbruck: 1842.

is somewhat shorter than the width of the chair, so that spaces are left, at its ends, for ventilation. The inside of the chair, as well as of the board in front of the body, is padded in the region of the head. Finally, in the front board, directly before the face, there is a small wicket, or door, which may be opened and the patient fed through it, without disturbing his general arrangements; "and thus," to use the language of the description, "in the most beautiful manner, is the patient in every respect taken care of." We advance no pretensions to inventive genius, but, really, it appears as if there were one thing wanting to make this chair just what it ought to be; and that is—to heat it a few hours in the midst of a large and brisk fire. The best comment upon it is, that although laid before the world in engravings and in black letter, it has not been adopted, so far as I am acquainted, in any other institution. The one used at Giesing, and described in the succeeding account of that asylum, is similar to it.

In the section for Anthropology and Psychiatric, of the Association of German Naturalists and Physicians, the subject of mechanical restraint was discussed, in 1846. The conclusions arrived at were that, during the last decennium, restraining apparatus had not been too extensively applied in but few of the German asylums; that the entire disuse of them, in some of the English and American institutions, had excited attention principally because, in those countries, such means had been previously abused; and, finally, that the total abolition of them is not admissible.

The terms "camisole," "jacket," and "strait-jacket," are used in the following pages, as they are in Germany, to designate the garment more frequently used than any other implement of restraint. This differs in form and

in strength at the different institutions, but is almost invariably stronger, more confining to the limbs, more restrictive of the muscular movements of the wearer than the simple camisole. In short, it should generally be called the "strait-jacket."

The superintendents of the German institutions, like those of the American, find cause of complaint in the oft-repeated practice of attempting to seduce patients to the asylum by stratagem or by falsehood. "In the greatest number of cases," writes Dr. Roller, "the patient should be informed of the object of his journey, and the place of his destination. People believe that the insane can be brought by stratagem alone, never thinking that more injury is done in this way than by the application of force. It is left to the physician of the institution to undeceive the patients, and thus, in losing his confidence the radical element of successful treatment is often, for a long time, also lost. Besides the relatives bring upon themselves the inextinguishable hatred of the patients, for these will forgive any thing else sooner than disappointment and deception." Dr. Zeller, treating upon the same subject, makes the following remarks. "We earnestly request of our fellow-physicians to do every thing towards abolishing the practice of bringing patients to the asylum by stratagem and falsehood. They generally have sufficient penetration to detect these schemes; and, besides, their confidence in the institution is so weakened that it is often next to impossible to restore it. Weeks and months frequently pass before we succeed in obliterating the unfavorable impression of this kind of introduction into the asylum, viewed, as it is, through the hatred which is thus generated towards those who have deceived them. Let the patient be told of what is proposed to be done, and rather bring him in the strait-jacket than endeavor to de-

ceive and to quiet him by making all manner of false representations in regard to the objects of the journey. You may be assured that the insane will reconcile themselves to the most stringent regulations rather than to any species of falsehood; for this appears to them the greatest of all injuries, and easily induces the conclusion that bringing them to the institution is no work of an upright love and care, but far more a piece of cunning and imbecile villany."

To these observations may be appended those of Dr. Tschallener. "I have known, and often known persons who, in order, as they say, to bring patients in 'a good way' to the asylum, unpardonably deceive them with all kinds of promises and hopes which cannot be fulfilled. How, then, is it possible that these patients should be otherwise than suspicious and distrustful? It is not strange that, for months, their confidence cannot be regained, and that they endeavor to obtain, by obstinacy, that which was promised them at home, but which cannot be granted here. There is hardly any thing which acts more injuriously upon an insane person than an excited hope which cannot be realized. How bitter soever may be the truth, let it be told him freely, but with sympathy. The insane person seeks no revenge for truth—although he may for falsehood—and, in this respect, puts to shame many a rational man."

A short time before my departure for Europe, I somewhere read the assertion that no blind person was ever known to become insane. Although then in possession of evidence disproving the statement, I nevertheless made it a special point of inquiry at most of the institutions which I visited, and have recorded the results in their proper places. The use of tobacco, among the patients, was another subject of special inquiry; but I found the

practice to be so general that the mention of it is frequently omitted. Smoking is invariably permitted, so far as my knowledge extends; snuff is very generally used, to some extent, but I neither saw nor heard of any patient who chewed tobacco.

It will be perceived that two of the recently erected asylums, herein described, are devoid of closets in their architectural construction. This forgetfulness of the architect is but little more excusable than that of the designers of the new Asylum at Eichberg, and of Hanwell, in England, in both of which, as I have been credibly informed, no provision was made for stairs. The result was that, in the latter, the stair-cases have been crowded in, where they must necessarily be made inconveniently narrow, and in the latter they are constructed without the side-protection of walls. A strong enclosure of iron bars, extending from the lower to the upper floor, forms an effective substitute. These facts would not be mentioned here, were it not for the possibility that they may serve to prevent the occurrence of so great a blunder in any institution which may be established in this country.—“What man has done man may do,” is no less true of omissions than of acts; and if European architects overlook the common conveniences and necessities of closets and stairs, it is possible that those of America may do the same.

Of the institutions herein described, I was at seventeen. The text will shew which they were; but they may here be mentioned for the purpose of showing the order in which they were visited. Siegburg, Andernach, Eberbach, Frankfort, (then, after returning down the Rhine,) Dusseldorf, Hildesheim, Halle, Berlin, Sonnenstein, Leubus, Brieg, Vienna, Hall, Giesing, Winnen-

thal, Illenau, and Stephansfeld. Nine of these are among the thirteen which Dr. Julius calls the best in Germany. Should any one pursue the same route, with the object of examining institutions for the insane, slight deviations would bring him to three others, two of which are included in the list of Dr. Julius, and the third is acknowledged to be the best asylum for incurables in Germany. Between Dusseldorf and Hanover he may visit Marsberg, between Brieg and Vienna he can go to Prague, by railroad, and between Winnenthal and Illenau he should see Zwiefalten.

As the descriptions are, generally, written in the present tense, it may be necessary to remember that the notes were taken in the summer of 1849. If anything which has occurred since that time has been introduced, it will be found in a note, and not in the body of the work. For the information respecting the institutions which I did not visit, I am indebted to many German works, and to articles in the *Annales Medico-Psychologiques*.

(*To be continued.*)

ARTICLE IV.

TRIAL OF FURBUSH.—By DR. RAY, *Superintendent of the Butler Hospital. R. I.*

At a special session of the Supreme Judicial Court of Massachusetts, held at Salem in February, 1852, Charles J. Furbush was tried for the murder of John J. Purdy, in Lynn, on the 28th of June, 1851. The court consisted of Chief-Justice Shaw, and associate Justices Metcalf and Dewey. The prosecution was conducted by Stephen H. Phillips, district-attorney, and the defense by Messrs. Perry and Northend of the Essex bar. In the following summary of the evidence will be found every particular having any bearing on the merits of the case, conveniently digested and arranged under different heads.

THE PARTIES.

Furbush, now 22 years old, was born in New-Hampshire. His father died when he was eight years old, and his mother, two years afterwards. When fourteen, he was placed with an uncle with whom he lived a few months, and then he followed the sea four or five years, at the end of which period he returned, having lost a leg, and from that time to the present had employed himself in bootmaking. Purdy was a young man, also a bootmaker; both worked in the same shop, which they used in common, boarded at the same house and occupied the same room.

CIRCUMSTANCES ATTENDING THE ACT.

On the 28th of June they dined together about 12 o'clock, as usual. After dinner they both went to their shop, whence, shortly after, Purdy went to a clothing-store in the neighborhood and bought a few articles, and then proceeded to his room in the boarding-house, where Furbush had just gone. A few minutes after, two pistol-shots in rapid succession, together with the cry of murder, were heard in that room. Those who ran thither burst open the door which was fastened, and found Purdy in the act of rising from the floor, exclaiming that he was shot, and Furbush so intently occupied with loading a pistol that he scarcely noticed them. They went out in order to obtain further aid, and in a minute or two afterwards heard two more reports in the room, not so loud as the former two, seeming to one witness like the exploding of percussion-caps. On the body of Purdy who died in a few minutes, were found two bullet-wounds, one of which traversed the right lung and lodged in the spinal canal, and the other passed through the heart and left lung. On Furbush was found a shallow cut extending from the mastoid process forward to the edge of the ear, the incision being continued even into the angle formed by the junction of the ear with the head. It looked as if it had been made with a knife. He said it was made by firing a screw which was picked up; but the screw was not blackened, nor would it enter the pistol that was found in the room. The inside of the ear was blackened as if by powder, and just within the meatus was found a pistol ball. The witnesses were not sure whether the meatus was lacerated or not. To the surgeon who dressed his wound, he said that he had fired at himself three times—twice at his breast and once at his head. Once he forgot to put in a

ball and once he fired the screw. After the ball was extracted from the ear he said there was something else there, but after some further painful examination he declared that if they would stop, he would tell the truth about it, which was that there was nothing more there.

TOUCHING THE MOTIVE AND PREPARATION.

A few days before the murder, a witness who went into the shop heard Furbush say, "You may tell of it if you have a mind to." To this Purdy replied, "I shall finish what work I have underway, and then settle for my board and leave; if Mr. Bailey [the man with whom he boarded,] asks the reason, I shall tell him, otherwise I shall not. And I advise you as a friend, never to threaten to knife any body, as others may take more notice of it than I do." Then Furbush rejoined, "I am not afraid to do it, and if you will go out back, I will fight it out with you." [The witness also stated before the grand jury, (what he was not allowed to state on the trial,) that after Furbush left the shop, Purdy said that the above-mentioned scene arose from a discussion they had just had, on the question whether natural or acquired powers met with the greater success in the world. "Poor fellow," continued Purdy, "he is to be pitied, for he thinks every body is against him."] About a fortnight before the act, a witness heard the following conversation between them, about the state of the times. Purdy said that the Lynn journeymen might blame themselves for the low prices of work, because they were afraid to go out of the place in search of employment. "They would stop here," said he, "and let the bosses give them just what they pleased." Furbush then said, "why don't you clear out then; nobody wants you here, It is tramps coming in that spoilt the business." With

these exceptions, no instance of disagreement or bad feeling was witnessed. On the morning of the day of the murder he was seen firing at a mark with a pistol, and he had engaged the son of his landlord to run some bullets for him to use on the fourth of July, and the father was actually running them when the murder occurred. When told that Purdy was dead, he said, "then I am satisfied and ready to go to hell."

MENTAL CONDITION.

When Furbush returned from sea with the loss of a leg, his relatives observed a great change in his character. Previously he had been a lively, cheerful, sociable lad, and now was habitually dull and dejected. His uncle, with whom he at first resided and worked at boot-making, stated, that for a time he seemed pleased with the work and the people around him, but after six or eight weeks he became irritable, peevish, dissatisfied, reserved and taciturn. This disposition which continued until the murder, led to a change of boarding house, and when he met his uncle in the street, as he did about once a week, he never spoke to him, nor scarcely recognized him. All the witnesses who pretended to be much acquainted with him, concurred in this representation of his character. One said, "he never knew him to commence a conversation" during this period. Several spoke of his "sitting two or three hours with his head on his knee," and of his "staying in his room in cold weather without a fire" for many hours at a time. When asked if he were unwell, he would make no reply. Once, while reading, he looked up from his book, gnashed his teeth, looked wild and exclaimed, "I am slighted; I am despised." At another time he said he would like to see the streets run with blood. He told

very different stories to different persons about the manner in which he lost his leg, and any allusion to his leg excited him. Although represented as habitually dull, it appeared that this moodiness of temper above referred to, came in fits which continued from a few hours to a whole day, and were succeeded by a more cheerful spirit. They were described as occurring, sometimes, very suddenly—within five minutes, one witness said. He would sometimes go to bed in good spirits, and the next morning come down to breakfast, pale, reserved and sulky.

It appeared in evidence that, during this period, he had several paroxysms, (how many, exactly, could not be made out,) of apparent raving, in which he lost all consciousness and self-control, rolled on the ground, and poured forth a jargon of incoherent expressions. In one of them, as described by a witness, "he was thrashing round and rolling about in the mud, wooden leg off, as if he did not care whether he killed himself or not." "He kept rising up and throwing himself about, and his wooden leg, also." All this time he was uttering wild and disconnected expressions, of which the witness could remember only, "revenge," "blood," "Bernardo the Great." He was taken up and carried to his boarding house, manifesting unusual strength. The same witness saw him in two other similar paroxysms, the last of which was about a year before the murder. They continued several hours, but it did not appear how frequent they were. Other turns of strange and violent conduct were testified to, that can not be referred to either of the above-mentioned conditions. About a year ago he came into witness's house and sat down in the kitchen, and soon got into the sink; leaping out of this, he caught up a kettle of boiling water from the fire, and

was putting it to his mouth, when it was pulled away. Another witness with whom he boarded, said, "he once went to bed, and, as I supposed, had got asleep, when I heard a tremendous yell. He came down, went out, stayed two or three minutes, came in, went up to bed, came down again yelling as before, went out, and I locked the door. He came back, and I let him in. I told him he might either clear out, or go to bed quietly. I said, 'you know what you are about,' and he replied, 'yes, I guess I do now.' He then went to bed quietly." Another witness had "seen him making peculiar motions, turning himself around, shooting his cane at the trees, and swinging himself along by the branches."—Another "heard him crying out, 'kill me, kill me, I want to die and go to hell.'" Once, after sitting some time with his head on his knees, "he sprang from his seat, gnashed his teeth, and struck the door with his knuckles." "Once, while I was in the garden and he in the house," said another, "I heard him swearing and kicking about, but suddenly he stopped and burst into a laugh." Another saw him, on one occasion, "break up a cane which he prized highly as having been his father's, and heard him swearing badly." "As he passed along he would strike his knuckles against the stone wall and bruise them." The same witness said that Furbush told a rambling, incoherent story about his joining a party of Mexicans, being arrested as a spy, and on the point of being hanged. At table one day, when the coffee was spilled, and some one said a stranger would come, he said a stranger had appeared to him in the night,—a figure arrayed in white stood over him and presently vanished away. Some three or four months before the murder, he took laudanum for the purpose of destroying his life, because, as he said, "he was tired of living."

Soon after taking it, he called his landlady to him, told her what he had done, and hoped he might have decent burial. He declined taking the emetic his physician prescribed, but it was forced into him, and he vomited.

During the forenoon of the day of the murder, nothing unusual was observed in the appearance of Furbush. To some one who asked him how he was, he replied, "first rate." When the neighbors returned to the room after the last reports, Furbush was lying quietly on the floor, but he presently aroused himself, began to rave, and exhibited all the marks of one of the paroxysms described above. He required several persons to hold him on the bed, while he was screaming, swearing and vociferating. Among the expressions noticed by the witnesses were these, "you can't kill me, you can't kill me;" "I am willing to die and go to hell;" "I have got my revenge." When they applied cold water to his head, he seemed to imagine that he was in the water, drowning, and talked of sharks and pirates. "Damn him, keep him away," he exclaimed. "What," said the witness; "why, that shark—don't you see him." Towards the latter part of the afternoon he became quiet, and allowed them to dress his wounds and extract the ball from his ear. On his way to the jail that evening, he said to the people around the station, "damn you, do you see anything green about me." When asked by the officers why he killed Purdy, he replied, "that he fought a duel."

While in jail, his manner was habitually the same as that he had exhibited for several years past,—generally reserved and sullen, with occasional turns of comparative cheerfulness and several paroxysms of violence. One of the latter lasted three days, and while in it he fired his bed. The jailer, on hearing the outcry pro-

duced by the fire, opened the door and was immediately clinched by Furbush, and though a powerful man, it required all his strength to put him on the floor. At another time he kindled a fire of newspapers, books, etc., in his bucket. When he came out of the court-house, [whither he had been for the purpose of being arraigned on the indictment of the grand jury,] he said that "the judge laughed at him, and Mr. Perry [his counsel] laughed at him; the clerk looked stern and the house seemed to be turning round." The physician of the jail, Dr. Perkins, of Salem, never found his pulse less than 80°. Furbush complained of pain in his ear, and on examining it, the doctor found some soaked cracker in it. After one of his paroxysms, he asked the doctor to bleed him.

PREDISPOSITION TO INSANITY.

For many years his mother was occasionally very melancholy; and an uncle was said to have been insane.

HABITS OF DRINKING.

In his room the officers found one or two bottles containing some kind of alcoholic drink. Just before the fatal act, a boy who went into his room saw him drinking from a bottle. On one or two occasions he drank some new cider, how much could not be ascertained. Once he tried to buy a little spirit of a shopkeeper, but did not get it. The physician who attended him when he took the laudanum, thought he had been on a drunken spree, but the only ground of his opinion was, that he had a dejected appearance and was reputed to be intemperate. On his way to jail, he asked the officer for liquor. One of the women with whom he boarded, stated that Furbush having complained much of feeling poorly, she had made for him, several times, a bitter drink containing a

little rum. The bottle of rum found in his room, she identified as one which she furnished him. She never knew him to use spirits in any other way or shape, except that once she gave him a little cherry-rum.

TESTIMONY OF EXPERTS.

Dr. Chandler, of the Massachusetts State Lunatic Hospital, and the writer, after having heard all the testimony on both sides, declared it to be their opinion, that when Furbush committed the murder, he was insane.* They admitted that the violent paroxysms as described by the witnesses and considered apart from any other manifestations of mental disturbance, might have been produced by a drunken debauch, if any such could be proved to have been committed.

The court, in charging the jury respecting the law on the subject of insanity as an excuse for crime, essentially reiterated the doctrine which it had laid down, a few years before, in the trial of Abner Rogers, and which, if we must go beyond the simple question of sanity or insanity, is as little open to objection as any. The jury returned a verdict of not guilty on account of insanity, and the prisoner was sent to the State Lunatic Hospital at Worcester.

In regard to the mental condition of Furbush, there could scarcely be a reasonable doubt, unless some of his conduct immediately after the murder may be supposed to warrant some suspicion. Had he, on the 27th of June, 1851, been offered for admission into any insane hospital in the country, the proofs of his insanity would have been regarded by the Superintendent, I think, as remarkably strong and abundant. Although some light might have

* Dr. Bell was present on the first day of the trial, but was prevented by a violent storm from any subsequent attendance.

been thrown on the origin of the disease by a more complete history of it, yet no practised observer of insanity could fail to recognise its familiar features. Had its manifestations been confined to the violent paroxysms, there might be room for suspecting drunkenness or simulation; but these only constituted one phase of a disorder of which the fits of sullenness, the habitual dejection, the suicidal attempt, and the marked change of character which existed more than three or four years, were so many other and not less significant phases. The cloud of suspicion and jealousy which constantly envelopes a mind in this state, led him to commit the fatal act, without any previous design or definite purpose. Alone together, with the weapon in his hand, with which he was probably preparing to go out in quest of game, an inoffensive word or an involuntary flash of suspicion, was sufficient to deprive him entirely of self-control and urge him headlong upon a deed of violence and blood. The immediate occurrence of a paroxysm after the homicidal act, shows that he must have been laboring under an unusual disturbance at that moment, and the rather sudden recurrence of these paroxysms seems to have been a feature of his disease. His expressions that "he had got his revenge," and "was satisfied," do not militate against this view of the case, because they resemble much more strongly the raving of a maniac than the triumphant gratification of sudden or deliberate passion. It did not appear that there was any settled estrangement between the parties. The few ebullitions of ill-temper on the part of Furbush are no proof of fierce hate and hostility, except on the supposition that his mind was deeply diseased. The only altercation which was revealed, sprung from the discussion of a merely speculative question, and Purdy, by all accounts,

was a man not likely, in such a discussion, to make any provoking remark.

To medical men much conversant with insanity, the mental condition of Furbush's mother and uncle, furnishes confirmatory proof of his own unsoundness. The testimony of all experience will bear us out in saying that a mother who, if not insane, was but a step or two removed from it, was more likely than not, to transmit mental disease to some of her offspring.

In the absence of any apparent motive for the act, the government undertook to prove that Furbush was addicted to strong drink. In this attempt it unquestionably failed. The bottles found in his room were satisfactorily accounted for. The violent paroxysms probably gave rise to the common impression that he was intemperate, as they well might to a common observer, and as they actually did to one witness. Yet, however that might be, no one could be found in the community where he had lived for several years and where the popular odium was so strong against him, who had seen him drink anything stronger than new cider, a little cherry-rum, and a medicine containing just enough spirits to preserve it. One man was found of whom Furbush attempted to buy some spirit, but did not get it. Even that he might have sought for the purpose of putting it in his medicine.

His manœuvres upon himself immediately after killing his companion are, certainly, highly suspicious. The wound of the ear was, unquestionably, not made with a pistol-shot but with a knife; and there can be as little question that the ball found in his ear was not fired into it, but placed there by his fingers. His contradictory statements respecting something else being in his ear, are a piece of the same conduct. The insane, while laboring under a degree of excitement or delusion, that

impels them to acts of violence, rarely practise such deceit as this. On the contrary, nothing more strongly characterises their mental operations, than their intense earnestness and sincerity. They go straight forward to their object, either frankly avowing it when accomplished, or, if denying it taking no pains to prove their statement. When tolerably calm and not controlled by delusions, it is not uncommon for them to foresee and fear the consequences of their acts, and take very rational means for avoiding them. Can we suppose that Furbush, immediately after sacrificing his victim, foresaw that he was thereby exposed to the utmost penalty of the law, and conceived the idea of creating a suspicion of insanity, by a fictitious attempt at suicide? This would scarcely be reconcilable with his manner as described by the witness who first entered the room after the reports and cries were heard. "He did not turn his head towards me, though I made considerable noise in breaking in,—did not seem conscious of my entering, all his attention being concentrated on the pistol as if he could not get it loaded quick enough. His face was flushed and his look determined." The above supposition, too, if correct, implies another, viz., that after the fury of the paroxysm was spent, and he had come to himself in some measure, he resumed the design to mislead and deceive. Neither is it probable that he was actuated by the disposition to mystify so common among the insane, for he had never evinced it before, as he undoubtedly would, if it had been a trait of his disorder. No view of the case is free from insuperable difficulties, and here I am obliged to leave it. They would be fatal, certainly, to the supposition of insanity supported by a kind and quantity of evidence less satisfactory than this, but inexplicable as they are, it does not necessarily follow that they are incompatible with the presence of that disease.

In company with Dr. Bell, I visited Furbush in the jail at Salem, in October last. We found him half sitting, half lying on his bed, reading a trashy novel. His person, clothes and room exhibited an utter disregard of all neatness and even cleanliness; his manner was shy and forbidding, and no look or word of welcome escaped him. We commenced a conversation chiefly relative to his early history, his parents and relations, and the preparations for his trial. He replied to questions, after some hesitation, very briefly, in a low, muttering voice, seldom raising his eyes from the book. It was not always possible to catch what he said, and on being requested to repeat it, he generally was silent. The most obvious peculiarities of his discourse were an apparent ignorance of things which he must have known once, and which, having once known, no form of insanity, other than raving or dementia, would have erased from his mind; and a total lack of interest in anything whatever. He said he had made no preparations for his trial, and virtually declared that he neither knew nor cared whether or not they would be made by any body. When reminded of the consequences of the act he had committed, unless he made a successful defense, he exclaimed, "I am ready for it; the sooner it comes the better." He then turned his face to the wall, and refused to utter another word. His whole manner, from first to last, evidently implied that he regarded us as meddling with what was no concern of ours, and scarcely entitled to respectful notice.

This brief interview with Furbush did not enable me to form any decided opinion respecting his mental condition, and I believe it left a similar impression upon Dr. Bell. His pretended ignorance of certain things looked more like simulated than real insanity; but with

the light subsequently thrown upon the case, I am disposed to think that it proceeded rather from a disposition to afford us as little satisfaction as possible, and get rid of us at the earliest moment; than a design to induce the belief that he was insane.

In a large proportion of cases, in fact, a single interview can lead to no satisfactory conclusion, especially if little is known of the previous history of the patient. Among many reasons for the fact that might be mentioned, there is one very common and very significant. The patient may entertain no definite delusions, or if he do, he may not be disposed to proclaim them to a stranger. His insanity may be manifested, not by any inherent folly and absurdity, but by opinions and forms of speech obviously inappropriate and unnatural; by manners, tones and gestures which, however natural they may be to others, are quite unnatural to him; and by certain extravagances and freaks of conduct which, of course, could not be displayed without a fitting opportunity. Many a man who in a brief, single interview, would not appear otherwise than sane, would soon display his mental infirmity under the close and continued observation which is practicable only in a hospital, or with the opportunities which an unrestrained intercourse with the world permits.

Since the trial it has been currently reported, I understand, that Furbush was really a hard drinker, notwithstanding the government failed to prove it. But even if the rumor were correct, it would not necessarily follow, that the experts were mistaken respecting his mental condition. Among the causes of insanity, intemperance is generally regarded as one of the most prolific, and if, in Furbush, it had led to the mental disorder which appeared in evidence, that disorder was no less insanity,

pathologically considered, nor a less valid excuse for crime. That intemperance had maintained and aggravated the disorder, may be admitted, without implying any change in the condition of the questions at issue, viz., whether he was an insane man, and if so, whether his insanity was of the kind that absolves from all legal responsibility. The only distinction which the law makes in this matter, is between the insanity which is the direct and that which is the indirect effect of drunkenness, the latter being admitted, and the former not, as a sufficient excuse for crime. Even if it had been proved that Furbush drank excessively before the homicide, this would not have affected the legal consequences of that habitual insanity which was established by the evidence. The question, therefore, whether any particular phasis of his disorder was the immediate effect of drunkenness, is unimportant, in this relation, although as a matter of fact, it ought to be considered that his mental condition while in jail, where he was entirely deprived of strong drink, was essentially the same as that which he had previously manifested.

Since writing the above, I have seen Furbush in the hospital (Aug. 10, 1852.) I found him engaged with another boarder braiding straw. His aspect was much more cheerful and healthy than I had ever seen it before, and I thought he had gained flesh. He said he recognised me, and readily replied to my questions which were necessarily few, as my engagements permitted only a very brief interview.

Dr. Chandler informed me that "for some time after he came in, he was exceedingly jealous and irascible, threatening to 'rip up the guts' of any one who attempted to check him when in his violent moods. He had

periods of wakefulness at night and complained of involuntary seminal emissions. He was much addicted to telling extravagant and obscene stories. Lately, his general health has improved, the emissions seldom occur, and his mental manifestations are of a healthier character. He conducts pretty well, labors often in the field, and exhibits but few if any traits of insanity."

The change which Furbush has manifested during his residence at the hospital, is unquestionably the result of hospital management, and might have been reasonably expected. No one would venture to say that he had recovered, or that his present improvement is anything more than many patients evince, who show, by repeated trials, that when at large, they are incapable of so controlling themselves as to become safe members of society. I do not say that he will never recover; but I do say that the evidence of recovery will probably never be so clear and satisfactory as to justify his discharge from all restraint.

ARTICLE V.

1. *Report of the Board of Trustees of the Massachusetts General Hospital, presented at their Annual Meeting, January 28, 1852, including the Thirty-Fourth Annual Report of the Physician and Superintendent of the McLean Asylum for the Insane.* Svo. Boston, 1852.
2. *Report of the Trustees and Superintendent of the Butler Hospital for the Insane, presented January 23, 1852.* Svo. Providence, 1852.
3. *Fifteenth Annual Report of the Directors and Superintendent of the Vermont Asylum for the Insane, September 1851.* Svo. Brattleboro', 1851.
4. *Report of the Board of Commissioners and Superintendent of the Provincial Lunatic Asylum of New Brunswick, for the year 1851.* Svo. St. John, 1852.
5. *State of the New-York Hospital and Bloomingdale Asylum, for the year 1851.* Svo. New-York, 1852.
6. *Ninth Annual Report of the Managers of the State Lunatic Asylum of the State of New York, transmitted to the Legislature, Feb. 14, 1852.* Svo. Albany, 1852.
7. *Report of the Pennsylvania Hospital for the Insane, for the year 1851, By Thomas S. Kirkbride, M. D., Physician to the Institution.* Svo. Philadelphia, 1852.
8. *Thirty-Fifth Annual Report of the state of the Asylum for the relief of Persons deprived of the use of their Reason. Published by direction of the Contributors. Third Month, 1852.* Svo. Philadelphia, 1852.
9. *Fifth Annual Report of the Officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1851.* Svo. Trenton, 1852.

10. *Report of the Board of Visitors of the Maryland Hospital to General Assembly of Maryland, containing statements of the condition of that Institution for 1850 and 1851, and transmitting the Reports of the Resident Physician for 1850 and 1851.* Svo. Baltimore, 1852.
11. *Thirteenth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum to the fifteenth General Assembly of the State of Ohio, for the year 1851.* Svo. Columbus, 1852.
12. *Report of the Eastern Lunatic Asylum in the City of Williamsburg, Virginia, 1851.* Svo. Richmond, 1852.
13. *First Annual Report of the Board of Trustees of the State Lunatic Hospital of the State of Pennsylvania.—Made to the Legislature, January 14, 1852.* Harrisburg, 1852.
14. *Reports of the Board of Visitors, Trustees, Building Committee, and of the Superintendent of the New-Hampshire Asylum for the Insane. June Session, 1851.—Concord, 1851.*

1. The *McLean Asylum for the Insane* presents the following table:—

| | Males. | Fem. | Total. |
|---------------------------------|--------|------|--------|
| Remaining, | 100 | 100 | 200 |
| Received during the year, | 85 | 79 | 164 |
| | 185 | 179 | 364 |

There have been discharged as follows:—

| | | | |
|----------------------|-----|----|-----|
| Recovered, | 50 | 25 | 75 |
| Much Improved, | 9 | 7 | 16 |
| Improved, | 10 | 10 | 20 |
| Not Improved, | 15 | 16 | 31 |
| Unfit, | 1 | 1 | 2 |
| Died, | 15 | 14 | 29 |
| | 100 | 73 | 173 |

Of the last, eight were not under seventy years of age, and one was over ninety.

The whole number of admissions since 1837, has been 2,194, and of these 1,101 have been discharged recovered. There have been 256 deaths.

The most important events in the history of the establishment, are the introduction of the Cochituate water, (the same from which the city of Boston is supplied,) and the commencement of building the Appleton wards. "After much investigation into the various materials employed in conducting water, pure block tin was selected as most free from objections. *Lead was deemed wholly inadmissible, from its poisonous properties; wrought iron had wholly failed in our previous experience, from its rapid oxidation; and cast iron necessitates a much larger pipe to insure against the filling up of its calibre by deposits than the case required.*"

The concluding observations of Dr. Bell are well worthy of extensive diffusion :

"In casting back my eye over the records of the fifteen long years I have finished in your service, I find a roll of nearly twenty-four hundred patients who have been under my care. I have had the gratification of seeing nearly one half of this large number emerge from the various forms of clouded mind into the light of reason, and of these I can truly say that so far as I have ever been informed, no one of those returned as "recovered," has evinced any other feelings, save those of kindness and grateful consideration. Of the moiety who failed under any efforts in our power to reach that point warranting the record of "recovered," some have looked back upon their residence here with pleasure, some with pain. Wounded pride, false and delusive impressions as to their true condition and the acts of their friends as well as guardians, not infrequently lead the partially restored to harbor resentful feelings against all who have been obliged to exercise restraint upon their liberty. In the fully restored, all minor inconveniences and trifling wounds to the sensibilities are lost in the feeling of gratitude for recovery, and thankfulness to all who had any agency in bringing it about.

"In alluding to these results of disease, which are not merely the experience of this, but of all similar institutions the world over, an eminent author and director of an institution truly observes :—

"One of the most lamentable manifestations of insanity is a feeling of hostility towards those who have been concerned in controlling the person or business of the patient. It disappears after a perfect recovery; but many recover so far as to be free from all delusions, to maintain unremitting self-control, and transact their customary business correctly

and shrewdly, but never regain confidence in those who favored their confinement, though their part in it was prompted by kindness and managed discreetly and considerately. This state of feeling varies from tacit distrust and aversion, to a deep malignity that leads to violence and litigation. Having regained all their natural shrewdness, they have no difficulty in enlisting the sympathies of those, and they constitute the greater part of mankind, who are ever ready to yield their faith to any statement that is uttered with a certain plausibility of manner. Whether actuated by a kind of pride that refuses to acknowledge that they have been the subjects of so humbling an infirmity as insanity, or an obscurity in their recollections of the past that leads them to mingle the real and imaginary, and confound the scenes with the cause of their suffering, they persist in referring the mental tortures they endured, to the measures that were meant for their mitigation, and attributing their various discomforts to the cruelty and neglect of others, rather than to the disordered condition of their own minds. Although they may not succeed in convincing the world that they have never been insane, for of this fact perhaps there may have been too many witnesses, yet they often leave the impression that they have been unjustly, if not cruelly dealt with. It is not strange, therefore, that they should look upon the institution where they have suffered so much, with feelings of any thing but complacency, as the active instrument in perpetuating and multiplying the ills they have been made to endure. It would be far more strange were it otherwise—were they, in the same breath in which they abuse their friends, to commend the persons selected by their friends for carrying into effect their nefarious designs. But it is strange that those very friends who feelingly disclaim the unworthy motives imputed to them, are often ready enough to believe similar imputations when cast upon others, and even upon the institution by whose services they have been benefited.' "

"In my long experience, your Board has never been called on by a dissatisfied patient or his friends, to investigate any allegations of neglect or unkind treatment—a fact sufficiently proving, I think, that these occasional complaints are such as shrink from, rather than court examination. In the only instance when I felt it due to the assistants of the house, to request your Board to institute an enquiry, you had a sufficient, although ludicrous illustration of the basis of the complaints of uncovered patients.

"I have been led into this train of remarks from no recent or special experience in this annoyance, but in the sincere hope that those who have, and are to have, the anxious and arduous post of hospital direction may be relieved as far as possible from wounds, which insignificant as they may seem after the events are passed, or to those at a distance, are to honorable sensibilities of no trifling venom."

2. Dr. Ray, with whom we observe Dr. Ranney is associated as Assistant Physician, presents the following account of the *Butler Hospital for the Insane*, for 1851 :

| | Males. | Fem. | Total. |
|-----------------------------------|--------|------|--------|
| Remaining December 31, 1850,..... | 50 | 63 | 113 |
| Received during 1851,..... | 33 | 35 | 68 |
| | 83 | 98 | 181 |
| Discharged : | | | |
| Recovered,..... | 8 | 18 | 26 |
| Improved,..... | 4 | 4 | 8 |
| Unimproved,..... | 3 | 1 | 4 |
| Died,..... | 7 | 9 | 16 |
| | 22 | 32 | 54 |

After congratulating himself and the Trustees on the number of recoveries, he thus addresses them: "Touching the measure of our success, however, I need not speak to you, whose frequent and thorough visitations have furnished the means of judging for yourselves. You have been unable to resist the conclusion, I think, that the merely custodial character of the institution has been steadily becoming more prominent—that every year has witnessed an increase of the number of those who will spend with us the remainder of their days. Disagreeable as this feature may be in some respects, it furnishes a cheering illustration of the more liberal views prevailing among us respecting our duties to this unfortunate class of our fellow-men. The idea is altogether too prevalent yet, that hospitals for the insane are designed solely for curative purposes, and that if the patient is beyond the reach of recovery, some strong, dark room at home in the garret or the barn will sufficiently satisfy any claim he may be supposed to have upon those whom it may concern. This idea is steadily, though slowly, disappearing, and it is to be hoped that the next to follow it, will be that other idea, so comforting to the consciences of municipal bodies, that by means of some special contrivances of the village carpenter, the insane may be made as comfortable in a poor-house as in a hospital."

We are not surprised to find that the Statistical Returns of the United States Census for 1850, are ascertained to be grossly incorrect. How can it be otherwise, when the office is usually the reward of political subserviency, instead of intelligence and fitness for its duties. Observe the plain facts.

The insane for 1850, in Rhode Island, are returned at 233, or 1 in 633 of the population. Now, in this same year, the General Assembly appointed Thomas R. Hazard, Esq., a commissioner to inquire into the condition of the public poor and the insane. He visited all the towns in the State except one, and personally inspected their asylums for the poor. He reports the number of pauper insane as 143, and of all others 140, making a total of 283 insane. Again, the Census returns 108 idiots, the commissioner, 136. "Unquestionably in this class are embraced many who appear to be idiots, only because they evince a loss of mind and who should properly be included among the insane. Taking half the number reported, and adding it to the number of the insane as above corrected, we have an aggregate of 420 insane persons in Rhode Island, or 1 in 351."

In their annual communication to the Corporation, the Trustees observe that "the report of Dr. Ray is rendered especially interesting by the enlightened views, so luminously presented, of one of the causes connected with the malady which has been the subject of his careful attention." We cordially assent to this; nay, we go further, and say that the subject matter is of the highest importance, not only in reference to the increase of insanity, but even to the stability and permanence of our government and its institutions. We rejoice that Dr. Ray, with increased years and accumulated experience, is constrained to bring the full force of his intellect in

aid of, what we deem, the old and truly orthodox system of education. It is sanctioned by the diversified experience of previous successful results, and the sad contrast which we shall presently quote. It is conformable to the moral workings of the universe, even if these last are deemed to be "without a plan." But we must here content ourselves with merely quoting the observations of Dr. Ray. It would, indeed, be injustice to him and to the subject, to abridge them.

"The statistical facts above referred to, naturally induce us to seek for an explanation of the increasing prevalence of insanity which they imply. The field of inquiry which they open, is a broad one, certainly, and as yet but little explored; but it can not be doubted that a proper course of investigation—one guided by a practical knowledge of insanity, and a philosophical observation of the manners, passions and conduct of men, as well as the springs and motives of human action—would establish some important principles. The world is hardly ready, however, for results that would unquestionably shock its prejudices, and throw discredit on some of its favorite practices and opinions; still, I venture to call your attention to one of them, because it is of the deepest moment, and the occasion not altogether inappropriate. Such an inquiry would make us acquainted, I think, among other things, with much in our political, religious and social usages, in the prevalent views respecting the chief purposes of life, and especially, in the moral spirit that guides the movements and kindles the aspirations of men, calculated to disturb the balance of the mental powers, and prepare the way for unequivocal insanity. It would show us that the eagerness, the hurry, the vehemence which constitute such prominent traits in our national character, produce a morbid irritability of the brain, but a single remove from overt disease. It would show us, I doubt not, as underlying and supporting nearly the whole mass of the moral causes of insanity, very serious defects in the education of our youth, whereby some of the mental powers are unduly developed, while others are grossly neglected, and left to that crooked and often positively vicious training which springs from chance and accidental circumstances. This, then, the gross neglect of the moral powers—those which guide the passions and determine the motives—is the crowning defect of the education of our times, ruinous in its consequences to the health both of body and mind.

"It will scarcely be denied that the proper training and development of the moral powers are necessary to the promotion of the moral and physical well-being of the individual. The paramount object of education—that alone which should be recognized as such in a Christian community—should be to make good men; not learned men filled with various knowledge, but men ever true to the right, the honorable and the honest, and ever ready to acknowledge the claims of their fellow-men upon their sympathy and support. Indeed, the necessity of stating such a proposition with any degree of formality, shows better than any-

thing else could, the extent of the neglect in question. The idea almost universally associated with education is, that of furnishing the mind with a certain amount of attainment in various branches of knowledge; so much arithmetic, so much geometry, so much grammar, so much geography, &c. If any higher idea than this is connected with the subject, it is only that of disciplining the intellectual powers in such a manner as to fit them better for fresh acquisitions and the practical business of life. That every individual has received from nature certain faculties whose activity and direction will have an important bearing on his happiness, as connected with his relations to his fellow men, no one doubts; but the apprehension that they may not receive their rightful share of attention in the common modes of education, seems not to be entertained at all. To few comparatively has it ever occurred, that the training of these faculties is a legitimate object of education in the popular sense of the term. To make any proficiency in this or that branch of knowledge, a course of special instruction by means of books, teachers and apparatus, is regarded as requisite, if not indispensable. On the other hand, to make men pure, benevolent, conscientious, compassionate, obedient to God and faithful to man, desirable and important as these traits are universally considered, no special aids of education are recognized and provided. Of course, in this connection, we make no account of the public religious observances of the Sabbath, because their influence constitutes no part of what is technically called education. Nor is the defect in question, entirely supplied by Sunday schools, for valuable as they prove to some, and not altogether valueless to any, their teaching is too desultory and unsystematic to counteract the stronger influences of the other six days' training.

"There remains but one other source which at present could possibly furnish the moral culture so desirable—I mean the family, the home. Here, then, if any where, we are to look for that moral training which is to fit our youth for the active pursuits of life, and prepare them for its seductions and its duties. Here, if any where, they are to acquire the power of governing passion and resisting the impulses of the lower appetites, of discerning the nicer shades of right and wrong, of sacrificing self to the call of benevolence or duty, and amid trial and change, steadily keeping in view the great ends and purposes of life. The time has never been when this kind of training in its highest condition, was very general in our country; but I submit as a matter of fact, whether, imperfect as it has been, it has not greatly declined during the last few generations? Unquestionably, at one time, the domestic rule was needlessly rigid and disagreeable, and led to an asceticism of manners equally prejudicial to the mental health and the moral welfare. I am not sure that we have yet ceased to witness its effects, for there is reason to believe that much of the insanity so prevalent in the older parts of our country may be traced to that dearth of the means of relaxation which directly resulted from this contempt and independence of innocent pleasures.

"If there be any well-settled physiological principle, it is that the ordinary routine of care and toil which is the lot of a great portion of the race, must be enlivened by judicious indulgence in rest and amusement, in order that the greatest possible degree of mental and physical health may be enjoyed. At present, however, we have little to fear from this

source, the danger all lying in an opposite direction. The asceticism of our ancestors was infinitely less injurious than the license which characterises the domestic training of their descendants. How many of this generation complete their childhood, scarcely feeling the dominion of any will but their own, and obeying no higher law than the caprice of the moment. Instead of the firm but gentle sway that quietly represses or moderates every outbreak of temper, which checks the impatience of desire, which requires and encourages self-denial, and turns the performance of duty into pleasure, they experience only that feeble and fitful rule that yields to the slightest opposition, and rather stimulates than represses the selfish manifestations of our nature. After such a beginning, it could hardly be expected that during the transition period between childhood and manhood, the voice of parental authority would be more faithfully heeded. In the rapidly widening circle of desire, lessons of moderation and temperance make less and less impression upon the heart. Amid the intense selfishness around him, which begins by disgusting and ends in subduing his unsophisticated nature, the youth is little enabled to add new power to the calls of conscience. Enlarged means of self-gratification strengthen no effort of self-denial, and in the presence of companions a few steps farther advanced in the career of indulgence, every manly sentiment is stifled, every noble aspiration is repressed, until at last and long before the age of legal majority, the moral nature presents a dead level of heartless worldliness. The instructions of school or college may continue, but less than ever are they applied to the issues of the heart. The family circle is yet unbroken, but its moral influence is gradually enfeebled, because wanting the sanction of authority. The passions become more imperious with every indulgence, each successive temptation is more faintly resisted, and life begins to be contemplated, not as a field of discipline and improvement, but a scene of inexhaustible opportunities for fulfilling hope and gratifying desire. Could we look into the inmost chambers of the youthful mind, how seldom should we fail to see an imagination teeming with unhallowed desires and ambitious schemes, an impatience of salutary restraint, a self-reliance that has in it no element of faith, and views of duty ennobled by no higher principle than that of intense selfishness. Even the intellectual exercises of this period are made subservient to the gratification of the lower sentiments, and much of the literature of the day is expressly designed to confuse the plainest of moral distinctions, and invest the world with embellishments that only an unchastened imagination could suggest. It is painful to contemplate an evil so wide-spread and seductive as this, before whose fearful magnitude, every other to which I have alluded, sinks into comparative insignificance. O all others it is most strongly calculated to destroy that equilibrium between the different powers of the mind, which is essential to its most perfect health.

"The legitimate result of these defects in the education of our time, is, that finally the ordinary virtues of life are degraded to a very subordinate rank. Patient and persevering industry with its slow and moderate rewards, honest frugality and a temperance that restrains every excess, frequent and faithful self-examination, clear and well digested views of duty, become distasteful to the mind which can breathe only an atmosphere of excitement, craving stimulus that rapidly consumes its energies, and destroys that elasticity which enables it to arise from every

pressure with new vigor and increased power of endurance. It reels under the first stroke of disappointment, and with the loss of those objects on which it had placed its affections, it turns upon itself to revolve some hateful idea, until it becomes a fixed and vivid delusion. And thus it is that many a man becomes insane, by exposing himself to extraordinary trial and temptation, with none of those conservative principles which a really good education can impart. Indeed, the fact is so common that it fails to attract our notice, and thus it is that we are scarcely aware of its existence. Let us educate any other organ as we do the brain, and what else could we expect but disease? Accustom the stomach from infancy to the richest food, without stint and without regard to time or occasion, and we prepare it for the torments of dyspepsia.—The conclusion of the whole matter is, that insanity must necessarily increase in our community, until the moral faculties shall be subjected to a higher culture, both in the school and the family. I suggest no special remedy for the evil. I doubt if it ever will be remedied, while the popular estimate of education, shall be expressed rather by what it will bring to the individual, in the current coin of the realm, than by the ability it furnishes for pursuing the highest objects of his existence."

3. The *Brattleboro' Report* is, as usual, brief and to the purpose. The State, it appears, has appointed a Commissioner for the Insane, whose duty it is to make repeated and searching visits at the Asylum. His statement is highly favorable.

There were patients—

| | Males. | Fem. | Total. |
|--------------------------------|--------|------|--------|
| Remaining August 1, 1850,..... | 173 | 155 | 328 |
| Admitted during the year,..... | 63 | 74 | 137 |
| | 236 | 229 | 465 |

Discharged:

| | | |
|--------------------|----|-----|
| Recovered,..... | 73 | |
| Improved,..... | 11 | |
| Not Improved,..... | 11 | |
| Died,..... | 35 | |
| | — | 130 |

The year has been a favorable one, with the exception of the prevalence of a severe form of dysentery during the months of August and September. Ninety-three patients were attacked, and of these, sixteen, mostly old and incurable cases and laboring under bodily infirmity, died. Nearly all the attendants and assistants were attacked, but recovered.

While repeating the important advice, that patients should be early placed in some proper asylum—that the prospect of recovery is thus greatly enhanced—that of those placed at the asylum within six months from the attack, nine-tenths have recovered, Dr. Rockwell adds, “There is one class of cases, which are frequently sent too early to a lunatic asylum, I mean that of puerperal cases. We have repeatedly had women brought to the asylum in less than two weeks from their confinement. Some of them recovered very soon, but would probably have recovered as well had they remained at home. Others have died, apparently from exhaustion, who might have recovered, had it not been for the exposure and fatigue of the journey.”

The benefits of alternate employment and relaxation have been found highly advantageous.

4. We are most happy to learn that in compliance with the earnest applications of the Board of Commissioners and the Superintendent, the legislature of the Province of New Brunswick granted in April of this year, the sum of £5,000 towards enlarging the Asylum buildings. The present report is dated January 1, 1852.

There were remaining, January 1, 1851, seventy-five old cases, and twenty-one that had been admitted in 1850. Of these there had been discharged:

| | Old Cases. | Recent ones. |
|----------------------|------------|--------------|
| Recovered, | 6 | 6 |
| Much improved, | 1 | 3 |
| Improved, | 1 | 1 |
| Unimproved, | 1 | 0 |
| Died, | 2 | 3 |
| Remaining, | 64 | 8 |
| | <hr/> 75 | <hr/> 21 |

In 1851, 67 patients have been admitted, and of these there have been discharged, recovered 19, much im-

proved 3, improved 6, unimproved 1, died 11, and 27 remain.

"The rate of mortality has been unusually high, but that circumstance arises partly as a natural result of the low rate of last year, but principally from the fact that the Institution has been sought as the receptacle for a large number of persons worn out with complicated diseases, where insanity existed a symptom; such persons becoming troublesome as well as a burden, their friends commit them to our care, believing that we have greater facilities than they to make them comfortable.

"Of this it is neither my business nor my disposition to complain. I believe that an asylum is fulfilling its benevolent object as legitimately when it is devoted to the care and nursing of the sick and the dying, as it is when it is sought as a place of restraint and of treatment for the violent but curable lunatic."

With such views, we rejoice that Dr. Waddell has now a fair prospect before him of carrying out the important improvements shadowed forth in the present and previous report.

5. Dr. Nichols in his annual report confines himself to statistics merely.

| | Males. | Fem. | Total. |
|-----------------------------------|--------|------|--------|
| Remaining December 31, 1850,..... | 50 | 60 | 110 |
| Admitted during 1851,..... | 43 | 52 | 95 |
| | 93 | 112 | 205 |
| Discharged recovered,..... | 17 | 26 | 43 |
| Improved, | 9 | 11 | 20 |
| Unimproved, | 7 | 2 | 9 |
| Died, | 6 | 5 | 11 |
| | 39 | 44 | 83 |

The causes of mortality are precisely such as we are led to expect will occur in asylums, epilepsy in three

cases, serous apoplexy in two, senile dementia two, and tuberculous disease two.

From the annual report of the Governors, we copy as follows: "The attention of the present (Visiting) Committee and the Board of Governors has been especially drawn during the past year to the subject of further improvements, and in particular to the importance of having more ample facilities for a more complete classification of the patients.

"The erection of two large separate buildings in former years had made a considerable advance in this respect, by separating the noisy and violent from the rest. But it has seemed highly desirable to carry out this principle with still greater efficiency.

"Other improvements have been suggested by the experience of this and similar establishments, and at a recent meeting of the Governors during the present year, the Asylum Committee were instructed to prepare and report to the Board, such plans and estimates of additions to the asylum buildings, and such improvements in their arrangements as may best carry their views into effect. The Governors are anxious to effect these objects and believe they can be accomplished during the present year."

Since the coming in of this report, Dr. Nichols has resigned his situation at Bloomingdale. We hope, however, that his talents and experience will not be lost to the cause of humanity.

6. The ninth Annual Report of the *New York State Lunatic Asylum* for the year ending November 30, 1851, presents the following statistics:

| | Males. | Fem. | Total. |
|---------------------------------|-----------|-----------|-----------|
| Remaining, | 202 | 227 | 429 |
| Received during the year, | 185 | 181 | 366 |
| | <hr/> 387 | <hr/> 408 | <hr/> 795 |

The building is filled to its utmost capacity. Forty-seven cases for admission have been refused during the year; sixteen from other States, and thirty-one, all however, of the private class, from our own State. Of the admission 99 were paupers, 114 indigent, 10 criminal, and 143 private. Again, of those sent as paupers, 70 were recent and probably curable, 29 doubtless incurable. Of the indigent, 8 were received who had been insane more than a year. It is scarcely possible, (we can speak from experience,) to have the law in this respect perfectly executed.

Of the criminal class, admitted this year, 7 were from Auburn State prison, 1 from Sing Sing prison, and 2 from county jails, one of the latter awaiting trial, the other acquitted on the ground of insanity. "Last year," says Dr. Benedict, "we received eight from Auburn and two from Sing Sing. There must be some cause for this striking disproportion in the frequency of insanity in these two prisons. Every incurable prisoner admitted becomes a life member of our family, and the accumulation of past years now gives us a criminal population of thirty-three. The usefulness of the Asylum as a curative institution, as well as common humanity, demand that these facts should not pass unnoticed."

It has been found necessary to procure the removal of incurable cases, which will explain the large number given under that division.

There have been discharged

| | Males. | Fem. | Total. |
|---------------------|--------|------|--------|
| Recovered,..... | 58 | 54 | 112 |
| Much Improved,..... | 9 | 6 | 15 |
| Improved,..... | 19 | 32 | 51 |
| Unimproved,..... | 57 | 77 | 134 |
| Died,..... | 24 | 24 | 48 |

167 193 360

And there remained at the close of the year,

435.

"There are also now in the institution, sixteen, who are well, but remain, to confirm their convalescence.— This precaution we consider so essential to permanent recovery, that we not unfrequently retain patients for months after they seem permanently well. Occasionally we feel obliged by the incessant importunities of unreasonable friends, to consent to a premature removal, but are glad to be able to report this annoyance as diminishing. As people become more enlightened on this subject, they trust less to their own judgment. Patients generally co-operate cordially in these precautionary measures, and spend the time of convalescence contented and happy."

"The perfection and permanency of recoveries is not unfrequently a cause of doubt and anxiety. Of the 1,300 recoveries of the past nine years, 206 have been re-admissions. Of the 51 re-admissions, 11 were persons who had been discharged well in 1850. Two of these 11 were discharged as recovered in 1846 and 1847, one in 1847 and 1849; one in 1846; two in 1849, making in 11 persons 20 recoveries and 31 admissions. No one discharged recovered, since November 30, 1850, has yet returned."

These frank explanations by Dr. Benedict, indicate a fallacy which must frequently enter into statistical tables, unless this subject be noticed in a separate statement.

It is also mentioned, in explanation of the smaller number of recoveries reported this year, that all the cases of insanity from intemperance, from epilepsy, from general and gradual impairment of the faculties by age, and paroxysmal cases, though leaving the institution "well," have been arranged under the head of "*improved*" instead of "*recovered*." There is no certainty that any of these cases will remain permanently well. "It is only after a fair exposure to the temptations and disturbing cares of the world, that the result can be known."

The ratio of sickness and death is also less than in former years. There have been 41 cases of dysentery, and of these 6 deaths; 55 cases of diarrhœa, and one death, and 24 of erysipelas, and 3 deaths. Ten have died of chronic and one of acute mania; 5 of epilepsy, and 5 have committed suicide. All these last, except one, were by suspension from the window bars. "To guard against such accidents, we have now adapted to a part of them, sash locks, which secure the window from being opened and exposing the bars."

The forms of derangements are in the usual proportions. We note however that under the head of *moral insanity*, but a single case has occurred.

The ages of more than two-thirds of those admitted during the year, vary from 20 to 45. "Our youngest patient at this time in the house is 11, and the oldest, 94 years of age."

The occupations and causes exhibit the usual variety. Thus, of the former, (336 being the whole number,) a large proportion are inventoried, as follows:

| | |
|----------------------|-------|
| Farmers, | 51 |
| Laborers, | 37 |
| House Keepers, | 93 |
| House Work, | 65 |
| | <hr/> |
| | 246 |

The Asylum has now been occupied for nine years, and while many repairs have become absolutely necessary, the Medical Superintendent and the Managers strenuously urge the importance of improving the means for heating and ventilating. We are happy to add that the Legislature have authorized the commencement of this, by an appropriation of twenty thousand dollars, at its last session.

Most of our readers are probably aware that a Monthly Newspaper entitled "**THE OPAL**," is edited exclusively by the Patients. Of its popularity, and certainly, of its extensive diffusion, the report contains some curious details. From the year's proceeds, at 50 cents per annum, 650 volumes, standard works, have been purchased as a nucleus for a "Patient's Library." "It receives in exchange, two hundred and twenty weekly publications, 4 semi-weeklies, 8 dailies, and 33 monthlies, and the list is still upon the increase."

"Plays, tableaux, theatrical exhibitions, fairs, were frequently repeated during the year. These amusements are more generally enjoyed by our household than any other pastime. A limited number have enjoyed excursions. Several parties visited Trenton Falls; three parties, Niagara Falls, some the State Fair at Rochester, and returned by way of Seneca and Cayuga Lakes, and the Erie Railroad. Scarcely a concert given in Utica, from Jenny Lind's down, to which we have not sent a delegation, and the religious, scientific and literary lectures with which our city is abundantly favored, have been equally well attended."

7. At the *Pennsylvania Hospital for the Insane*, there were at the date of the last report,

| | |
|-----------------|-------|
| Remaining,..... | 213 |
| Admitted,..... | 204 |
| | <hr/> |
| | 417 |

There were discharged during 1851,

| | |
|---------------------|-------|
| Cured,..... | 107 |
| Much Improved,..... | 13 |
| Improved,..... | 32 |
| Stationary,..... | 23 |
| Died,..... | 26 |
| | <hr/> |
| | 201 |

"The premature removals have this year been less frequent than heretofore reported, and there is reason to believe that the importance of persevering in a course of treatment for insanity is beginning to be more generally understood."

We select from Dr. Kirkbride's Report the following interesting notices :

"EVENING ENTERTAINMENTS AND INSTRUCTION OF PATIENTS.—The full course of evening entertainments combined with the instruction of the patients, which is now a part of the regular treatment in this Hospital, has been fully carried out during the year. This course consists of a lecture, with or without special illustration, the exhibition of dissolving views, with explanatory remarks and music, or of music alone, three times every week, during nine months of the year. During the same period, the teachers read to the patients in the more excited wards, every evening, and in some others, from which the patients generally resort to the lecture-room, on those evenings when there is no regular entertainment.

"During the warm weather, while there is an intermission in the lecture-room exercises, pains are taken to have frequently some amusement for the patients, on the lawn in front of the Hospital.

"This whole arrangement has now become so fully a part of the discipline of the Institution, that no part of it could be dispensed with, without materially impairing its usefulness. The dull monotony of long winter evenings, and the cheerless aspect of many of the lower wards of a Hospital, when the patients are allowed to choose their own mode of passing the time, is often as unpleasant and repulsive as can well be conceived. The interest felt in the lecture room by most of the patients has always been great, and its good effects have been unquestionable."

After mentioning that the supply of water during the year has been greatly increased, he proceeds to say ;

"In connection with this subject, it may not be amiss to refer to the means of preventing and extinguishing fire, which are of such grave importance as to deserve the earnest attention of all who have any control over hospitals for the insane. It is well known that fires have frequently occurred in such institutions, even when under the direction of most vigilant and competent officers, and in at least one such instance, resulted in consequences of the most disastrous character. Ordinarily, the greatest danger to be apprehended from fire in such establishments, is not so much that the inmates may be burned, as from suffocation; and of course, their safety consists especially in well-devised plans of prevention, or, if that cannot be, of prompt detection, with abundant means, always in order, for immediately extinguishing it. To effect these objects properly, the subject should be prominent in the minds of those who originally control the character of the edifice, quite as much as of those who are subsequently to manage it. It would seem to require little argument to prove, that all such buildings should be made as nearly fire-proof as cir-

circumstances will permit. If it is not deemed admissible to arch them, throughout, other expedients should be adopted to prevent the rapid spread of fire, and to expedite the escape of the inmates. All the stairways should be of iron or other indestructible material, ample in size and number; the roof should be of metal or slate, and arrangements should be made at different points by which, if a fire does occur, it can be confined to one section of the building. There should also be a mode provided, by which, if at such a time smoke should enter the air-chambers below, it could be prevented from rising through the flues in a dangerous amount to the wards above.

"All such establishments should be warmed by fresh air passed over steam or hot-water pipes in air-chambers in the cellar, with the boilers placed in a building entirely detached from the main structure, and some distance from it. This mode of heating, carried out in the way suggested, will, of itself, remove the greatest source of accidents from fire in public institutions. No matter how the flues may be made, nor how near the joist may approach them, there can then be no risk from this common cause of fire.

"In every hospital for the insane, there should be a night watchman and watchwoman, going on duty before the attendants retire at night, and not leaving the wards until they are again up in the morning. So much for prevention. In case an accident should happen from unforeseen causes, as we all know is possible with the utmost precaution, every thing then depends upon those employed about the premises being properly drilled to act promptly and coolly in every emergency. There should always be the following resources: Reservoirs in the highest part of the building, left full at night, capacious cisterns for rain water beyond the building, at such points as will be most convenient for conveying water to its different sections; a fire-engine, capable of throwing water to the highest point of the building, and several hundred feet of hose, through which water may be forced from the cisterns to any part of the structure that is exposed to accident."

We must also call the attention of such as are either building or improving asylums, to Dr. Kirkbride's observations on steam heating and its manifold advantages.

8. In the Friends' Asylum at Frankford, there were

| | |
|--------------------------------|-------|
| Remaining, March 1, 1851,..... | 43 |
| Admitted,..... | 44 |
| | <hr/> |
| | 87 |

Of these there were discharged,

| | |
|---------------------|-------|
| Restored,..... | 14 |
| Much Improved,..... | 3 |
| Improved,..... | 3 |
| Stationary,..... | 9 |
| Died,..... | 6 |
| | <hr/> |
| | 35 |

We gather from Dr. Worthington's Report, that many of the cases admitted were chronic ones, and with a considerable proportion, amendment can only be looked for.

The following remarks are interesting :

"There appears to be a belief prevalent in the community, that a person having once been the subject of an attack of insanity, can rarely be restored to entire mental soundness, and it has been objected to the statistics of Hospitals for the Insane, especially to those portions of them which show the number of recoveries, that they represent merely matters of opinion, about which judges of equal acuteness and experience would arrive at different conclusions, as if there were an inherent difficulty in determining in any given case, whether the patient had been restored to his original mental condition, or whether there was not still remaining some lurking unsoundness. This belief appears to be founded partly on the consideration of the number of patients who are re-admitted into Hospitals, the inference being drawn from the fact of their having suffered a second attack, that the first must have left behind it some change in the structure of the brain, or some weakness of the organ which has prevented it afterwards from acting with its original integrity, and predisposed it to future attacks of disease. But from any knowledge that we possess of the nature of the affection of the brain giving rise to mental derangement, there can be no ground for supposing that the disease during its merely temporary continuance, produces any structural change, except in those cases in which insanity is the result of inflammation of the brain or its membranes. In cases in which insanity returns after having once been removed, it would seem to be more in accordance with what we know of the nature of the disease, to attribute the renewal of the attack to a constitutional cause, or to defective organization. Persons who are subject to these attacks are generally of weak or ill-balanced minds, are seldom capable of attending properly to the ordinary duties of life, and under the influence of any over exciting cause, and, indeed, frequently without any proximate cause that can be discovered, are rendered temporarily insane. But in the majority of cases, when this constitutional predisposition is wanting, there appears to be no reason for doubting the entire restoration of the patient when once the symptoms of disease have disappeared, nor for apprehending a second attack, provided proper precautions are taken to avoid exciting causes."

9. The statistics of the *New Jersey State Lunatic Asylum*, are favorable. There

| | Males. | Fem. | Total. |
|---|----------|-----------|----------|
| Remained Jan'y 1, 1851,..... | 86 | 76 | 162 |
| Admitted during the year,..... | 50 | 52 | 102 |
| | 136 | 128 | 264 |
| | — | — | — |
| | Paupers. | Indigent. | Private. |
| As to pecuniary circumstances, there were | 73 | 113 | 78 |
| | — | — | — |

There were discharged during the year,

| | Males. | Fem. | Total. |
|------------------|--------|------|--------|
| Recovered,..... | 22 | 15 | 37 |
| Improved,..... | 22 | 17 | 39 |
| Stationary,..... | 2 | 6 | 8 |
| Escaped,..... | 1 | 0 | 1 |
| Died,..... | 4 | 4 | 8 |
| | 51 | 42 | 93 |

"The number of recoveries have been as great as could be expected, considering that so many of the patients under care have been subjects of disease, from periods varying from two to twenty years and upwards. The number of deaths have been very few, and indicates to how great an extent the inmates of the institution have been spared from attacks of malignant and severe disease."

Dr. Buttolph's report is principally occupied in recommending an increase of the fixtures for the supply of water, and in expressing his satisfaction with the introduction of gas, but above all in advising an enlargement of the building, so as to make the proper separation of the noisy and violent classes, from the quiet and harmless, as well as to improve and perfect the classification of all. We hope that he has been or will be successful with the legislature.

10. The Official Report of the *Board of Visitors of the Maryland Hospital*, contains statements of the condition of that Institution for two years, in 1850 and 1851.

| | Males. | Fem. | Total. |
|--------------------------------|--------|------|--------|
| Remaining, Jan'y 1, 1850,..... | 64 | 69 | 133 |
| Admitted during 1850,..... | 25 | 15 | 40 |
| Admitted during 1851,..... | 19 | 17 | 36 |
| | 108 | 101 | 209 |

| Discharged : | | | | Males. | Fem. | Total. |
|---------------------------------|-------|----|---------|--------|------|--------|
| Recovered, | 1850, | 14 | } ----- | 17 | 15 | 32 |
| " | 1851, | 18 | | | | |
| Improved, | 1850, | 7 | } ----- | 12 | 5 | 17 |
| " | 1851, | 10 | | | | |
| Unimproved, | 1850, | 5 | } ----- | 7 | 7 | 14 |
| " | 1851, | 9 | | | | |
| Died, | 1850, | 6 | } ----- | 9 | 7 | 16 |
| " | 1851, | 10 | | | | |
| | | | | 45 | 34 | 79 |
| Remaining, Jan'y 1, 1852, ----- | | | | 63 | 67 | 130 |

Dr. Fonerden, in each of his Annual Reports, urges the necessity of additional arrangements, for the reception of the Insane. There are conveniences, if due regard be had to the comfort and government of the inmates, for not more than sixty-five public patients, and yet the average number remaining greatly exceeds this. The manner of heating also requires improvement and extension, and a larger supply of water is necessary.

We are glad to observe that in this, as well as in several others of the Annual Reports, the propositions unanimously adopted at the late meeting of Medical Superintendents, as guides in the erection of asylums, have been reprinted for general information. Our readers should be informed that they have met with the almost unqualified approbation of the leading Irish Medical Journal (The Dublin Quarterly Journal of Medical Science.)

In the Appendix, some pages are devoted to "Notes relating to the History of the Maryland Hospital," and to a catalogue of a commenced library of works on Insanity and its allied subjects of study.

11. The thirteenth Annual Report of the *Ohio Lunatic Asylum* is by far the most elaborate of any of the current year. It extends through 96 octavo pages, and with our limited space we can scarcely do proper justice to its contents.

The Directors, in their report, state that during the last year upwards of 200 applications were denied. They unite in recommending the erection of additional asylums, one in the Northern, and the other in the Southern part of the State. They urge the propriety and necessity of making improvements in the mode of heating and ventilating the Asylum, and present the statement of a committee of their body, deputed to visit similar establishments in the East, in favor of the same. "The success of the new method as afforded by the New-York Hospital, leaves nothing to be desired. 330,000 cubic feet of rooms are agreeably warmed and thoroughly ventilated at a very small expense compared with all former methods, and the cost of the improvement was \$9,319, over 20 per cent of that sum having been expended in making the extensive alterations required."

"For the Ohio Asylum, no other plan can secure so many advantages to the inmates, and so much safety and economy to the Institution."

The Report of the Directors is followed by an official return of the number of the Insane and Idiotic in the State of Ohio, abstracted from the Census returns of June 1850, and furnished by Mr. J. C. Kennedy.

| | Males. | Fem. | Total. |
|------------------|--------|------|-----------|
| Insane,..... | 706 | 645 | 1,351 |
| Idiotic,..... | 799 | 600 | 1,399 |
| Population,..... | | | 1,981,940 |

As usual, these numbers are deemed to be below the actual existing cases.

The statistics of the Asylum are as follows :

| | Males. | Fem. | Total. |
|-----------------------------------|--------|------|--------|
| Remaining November 16, 1850,..... | 170 | 148 | 318 |
| Admitted during the year,..... | 133 | 150 | 283 |
| | 303 | 298 | 601 |

Of those last admitted,

102 were of more than a year's duration.

181 " " less than a year's duration.

 283

Discharged:

| | Males. | Fem. | Total. |
|------------------|--------|------|--------|
| Cured,..... | 77 | 86 | 163 |
| Improved,..... | 30 | 16 | 46 |
| Unimproved,..... | 27 | 24 | 51 |
| Died,..... | 19 | 21 | 40 |
| | 153 | 147 | 300 |

"Five died of exhaustion during the first stages of acute mania.—
Five were brought in dying."

We make the following selections from the Report of
Dr. S. Hanbury Smith, the Superintendent.

"IMPORTANCE OF THE SUBJECT OF INSANITY BEING MORE GENERALLY UNDERSTOOD.—When that very desirable time arrives, that the State shall expect the physicians having in charge her Medical Benevolent Institutions, to exert themselves in diffusing a knowledge of the special branches of the healing art which may be cultivated in them—when the *mystery* in which the subject has been needlessly—it is to be feared purposely—shrouded, shall have been dissipated,—when, as has been so long and advantageously practiced in Continental Europe and Great Britain, the medical officers of State Lunatic Hospitals shall publicly lecture on mental disorders, and instruct a select class of advanced students—when a knowledge of the nature and treatment of insanity shall be looked upon as indispensable to the well educated physician, and colleges shall make the possession of that knowledge a condition necessary to the obtaining of a diploma—then will establishments like this, mainly intended for the *cure of mental disorders, not the custody of the incurably insane*, cease to have their wards filled with hopeless cases—patients will neither be hurried off to die on the road or immediately after their reception in the Asylum, nor be kept at home until their cases have become hopeless. A knowledge of the nature and treatment of insanity at all commensurate with the vast importance of the subject to society, would enable medical practitioners to decide, in general, which were fit subjects for such an institution as this, and which ought to be confined in a county infirmary, or might more properly be provided for by friends. During the past year not less than twenty-three persons were received, perfectly quiet and harmless, but in whom intellect was utterly extinct. In most of these cases, the applicants for their admission have not doubted but that a short residence with us would effect a cure. Alas! we can not work miracles. Every one of these twenty-three might almost as well have been taken care of at home, or in a county infirmary, instead of occupying room which might, to so much more advantage to the State, have been filled by others.

And if too, the subject of insanity were a little—but a little better understood by people in general, the condition of the same would soon

be much ameliorated. Better and more accommodation would speedily be provided. Those who could not be received into the larger hospitals, would be treated more kindly and rationally so as but rarely to allow them to sink into that extremity of degradation which now so often shocks and disgraces humanity. But more, and better than all these, some causes of insanity would be avoided, many would be circumscribed in the action, and a progressive diminution in the proportion of insane to population, would relieve the painful anxiety with which the philanthropist can not but contemplate the present rapid and alarming rate of increase in that proportion. What number would fly the course they are now following, did they but know that ungoverned appetites, uncontrolled emotions, feverish excitement, or excessive toil, whether in pursuit of knowledge, worldly wealth, or worldly fame, would bring them within the walls of a lunatic asylum—some to leave it no more—some to leave it sadder and wiser men—some, in the lapse of time, to exchange its friendly protection for a prison or a poor house."

"PROVISION FOR INCURABLES.—The idea of providing asylums for incurables—mere custodial mad-houses—will, it is to be hoped, never be seriously entertained. Such are mere pretences of philanthropy—the base coin of benevolence. Every Insane Hospital should be in charge of a Medical Superintendent; a physician well acquainted with the science of his profession, and of large experience both in general practice and in the treatment of mental disorders. Does any one suppose that such a man would take charge of an asylum for incurables, where there would be but a remote chance of amelioration in some few cases to awaken his energies or call forth his skill? Assuredly not. It requires all the healthy stimulus of a fair per centage of cures, to insure the good treatment of patients in an Insane Hospital—the physicians require it, the nurses require it, the servants of the institution require it, and the patients themselves require it. No amount of control or inspection will secure the best treatment of the incurable, unless they be mixed up with the curable, in the same establishment, then both will be treated alike. In a well managed hospital they do no harm, on the contrary, often much good, and make themselves useful in many ways to the violent, the very sick and the convalescent, not to mention that they are commonly the best workmen. To the kindness, assiduity and gentleness with which they attend other patients who may be unusually suffering, every medical officer of an insane hospital can bear witness. While good policy prompts the immediate provision of the means of curing the curable, strict justice demands that those who have been condemned to hopeless lunacy, for want of that provision, should not be abandoned to a harder fate than that of irreclaimable criminals, but share the benefits they have as good a right to, as their less afflicted fellow sufferers."

We should be very happy also to quote Dr. Smith's views preferring Public Establishments to Private ones, but must omit these in order to do some justice to the Medical part of the Report.

"During the whole year, the household did not suffer from any affection of an epidemic character, if I except a dysenteric diarrhoea, in the month of September; and the cases then were so few as barely to have marked the character of the prevailing constitution.

"The asthenic character of disease, now becoming so marked in the great Western Valley, has been singularly prominent in the cases received last year. In no one was the idea of depletion entertained for an instant, by any of the medical officers of the institution; and those who had lost blood previously to their admission, proved exceedingly difficult to restore, sank into hopeless dementia, or died. It must now be considered as a settled thing, that during the continuance of the present asthenic epidemic constitution, depletion is exceedingly hazardous, and commonly contra-indicated, in insanity; and in the very same forms of disease in which blood-letting was formerly so freely practised, the liberal use of stimulants, is now required, tolerated, and proves eminently curative. So marked is the necessity of stimulating, that the persons bringing patients to the Asylum, observing the real debility which was merely masked by excitement, administered wine or spirits, with the effect of diminishing instead of increasing violence, and observed that but for such practice, they did not believe that the insane person would ever have reached Columbus alive. In many cases a physician was consulted, who advised the proceeding; in some it was prompted by common sense. One patient, as mentioned in another place, died on the road, of exhaustion; four were carried in dying, and speedily sank; many rallied with difficulty."

"**MORAL INSANITY.**—Seven cases of *moral*, or as Dr. Benedict has it, 'more properly *immoral*,' insanity, have been received. In one, the disorder was hereditary, merged into melancholia, and proved fatal. In one, it was also hereditary, and of very long standing, was cured; but some time after, returning to old habits, I have been informed the disease has returned.

"In all the cases of 'moral insanity,' the disease commenced with inordinate and unchecked self-indulgence, and I am firmly convinced might have been prevented by proper moral training.

"Among the cases of chronic dementia, I have included, for convenience sake, one of that form of disease which is still so rare in Western Hospitals for the Insane, and not so common in Eastern as it is in Europe; I mean 'general' or 'progressive paralysis.' From its comparative rarity I am induced to give a skeleton history of the case.

"No. 1611, married man, preacher, fifty-two years of age, insanity said to be hereditary in the family. Rather more than two years previous to his admission, this gentleman was obliged to give up preaching, in consequence of increasing difficulty of utterance, and loss of memory, together with a certain dullness of mind. Sitting on a log one day, he fell off, in what was, doubtless, an apoplectic fit, after which, and for six months previous to his admission, he had grown worse, in every respect. Among peculiarities very characteristic of this form of disease, may be mentioned, that on meeting a friend, he would shake hands, greet him kindly, &c., and then go through the whole performance a second and even a third time, apparently quite forgetful of the fact of his having

already done so. He grew irritable, quarrelled with his relations, especially his wife; his whole manner changed, he often grated his teeth, the difficulty of speech increased, at times he could not urinate. When brought to the Asylum, he was obliged to be carried up stairs; there was complete retention of urine, requiring the regular use of the catheter; the bowels were obstinately costive, never moved, except by injection. No purgatives produced any effect, except their action was assisted by injections. The tongue was large, flabby, and tremulous; appetite good, but could not swallow solid food. The senses were obtuse, and there was a general loss of muscular power, amounting, in the lower extremities, almost to complete paralysis. There was incoherence, and great slowness of apprehension and of memory. Steadily, and with frightful rapidity, the powers of body and mind decayed, until he became perfectly fatuous, and died in just one month after admission."

"PUERPERAL INSANITY.—37 out of 103 married or widowed females admitted, had become insane, directly or indirectly, in consequence of child-bearing; and 25 of the cases were *puerperal*. The proportion is enormous; more than double the highest I am acquainted with. Esquirol reports the proportion of puerperal cases to the number of female patients admitted into the Salpêtrière during four years, to have been about 8 per cent.; the proportion admitted into the Ohio Asylum last year, is upwards of 16 per cent. on the admissions of females."

"Now, viewed in its relation to the increase of insanity in general, this increase of the puerperal form of it is of very great importance; for in a large proportion of cases, some derangement of mind, from mere unusual irritability of temper up to absolute delirium, is observed during pregnancy; *the evil is not confined to the mother*, but it is abundantly proven that *a predisposition to insanity is thus transmitted to the offspring*, and from this source alone, is the amount of mental disease in a community, much increased. There is reason to believe that the number of cases of puerperal insanity occurring in Ohio is much greater in proportion to her population than it is in France. Supposing all things else to be alike, this one circumstance would explain why there should be so much more insanity in Ohio than in France. Though in reality, however, only one of many causes, it doubtless does exert powerful influence not commonly known or even suspected.

"No ailment of the pregnant woman should be slighted or disregarded. If there be evident disease or disorder, it should promptly be removed or remedied. Headache or a fevered condition generally betokens disorder of the digestive organs or functions; and if that is the case, the mind will be very apt to partake more or less of the derangement. Cutaneous eruptions may disappear, customary discharges be suppressed, ulcers and issues heal; and if any symptom of mental disturbance follow, they must be reproduced, or other outlets and sources of counter-irritation be established.

"It is more difficult, but not less imperative, rightly to treat the psychological disorders of this condition. Whatever the unusual phenomena—from the merest whims up to the most perverted tastes—from simple caprice to outbreaks of temper of maniacal violence—from peevishness and pouting to sullen and morose ill humor—from singularity of conduct

to undoubted derangement of mind—one common system of management must be pursued, namely, to meet the evil habitually with patient kindness; more rarely, and at judiciously chosen periods, to reason with the sufferer, and to explain that *the duty of a mother commences long before the birth of her child*, and that if she does not control to the uttermost her temper and desires, she may live to see her offspring in a mad-house; to soothe, encourage, and console; to call in the aid of religion; and—more especially in the puerperal state—if possible, to prevent all sudden and violent emotion."

"**EAR DISEASE.**—In a communication lately read to the Royal Medical and Chirurgical Society, Joseph Toybee gave the particulars of sixty-five cases of disease extending from the ear to the brain. It is especially that every day complaint, chronic catarrhal inflammation of the mucous membrane of the tympanum—one of the several distinct affections to which the common term *otorrhea* is applied—which most frequently leads to disease of the most important parts. True it may exist for many years without extending to the brain or its membranes, but the mere possibility of its doing so should arouse the fears and watchfulness of the physician, who would do well to investigate these diseases a little more seriously. This is the more called for, as disorganization may be slowly going on in the temporal bone, the cerebrium or its meninges, without the existence of a single symptom likely to draw the attention of the practitioner to the fact, except discharge from the external ear; and yet so great is the danger, that a slight blow on the head, a febrile attack, especially if of a catarrhal nature, and erysipelatous inflammation, too slight to be feared under ordinary circumstances, may develop symptoms of acute cerebral or meningeal disease, that will generally prove fatal. . . . Not less than seven cases of insanity, connected with disease of the ear, have come under my notice during the past year."

"**CHLORATE OF POTASH.**—A long experience of the great value of the preparations of chlorine in adynamic conditions, caused by or accompanied with a presumably *septic* change in the blood, have led me to make trial of them in those forms of mental disease associated with an unusual lividity and coldness of the lips, hands, and sometimes tip of the nose, evidently due to an embarrassed capillary circulation, and that, as I conceive, ascribable to some such morbid condition as that above mentioned. In such cases, the chlorate of potassa is the preparation I prefer, and the observations of the last year have fully confirmed the opinion of its value which I entertained. Again and again has its use corrected the condition of the circulation in question, when all other means had been tried in vain, speedily removing or diminishing the lividity, coldness and sluggish movement, with a corresponding improvement in the health of body and mind. I commonly prescribe it in doses of two or three grains, quickly increasing to ten or more, dissolved in two or three ounces of camphor water, three or more times a day. Occasionally, it may with advantage be administered in infusion of valerian, arnica, or indeed in combination with almost any other medicine indicated."

To those who are in possession of this report, we further recommend a careful perusal of the sections headed

High moral tone of the Establishment indispensable. Impropriety of deceiving the Insane. On the Treatment of Patients after they return home cured.

12. Dr. Galt, Superintendent of the *Eastern Asylum* at Williamsburg in Virginia, furnishes the following statistics:

| | Males. | Fem. | Total. |
|---------------------------------|--------|------|--------|
| Remaining October 1, 1850,..... | 115 | 78 | 193 |
| Admitted during the year,..... | 29 | 16 | 45 |
| | 144 | 94 | 238 |

| | Males. | Fem. | Total. |
|---------------------------------|--------|------|--------|
| Discharged, | 12 | 9 | 21 |
| Deaths,..... | 18 | 5 | 23 |
| Eloped,..... | 1 | 0 | 1 |
| Remaining October 1, 1851,..... | 113 | 80 | 193 |
| | 144 | 94 | 238 |

Length of time in the Asylum:

| | | | |
|---------------------------------|-----|----|-----|
| From 20 years and upwards,..... | 6 | 5 | 11 |
| From 10 to 20 years,..... | 22 | 10 | 32 |
| From 5 to 10 years, | 21 | 26 | 47 |
| From 2 to 5 years, | 28 | 23 | 51 |
| From 1 to 2 years, | 33 | 10 | 43 |
| Less than one year,..... | 34 | 20 | 54 |
| | 144 | 94 | 238 |

Additional tables are subjoined, and amongst others, a continuation of the "Physiological Register," showing the weight, height, pulsation and respiration per minute, color of the eyes and of the hair, temperament and complexion of each patient.

We copy Dr. Galt's observations on the term *lunatic*, and on the utility of occupation for lunatics:

"One of the first questions which visitors are prone to ask concerning inmates of an asylum, is as to what gave rise to the mental disturbance in each particular patient: and they often appear to anticipate, as a matter of course, a decided and satisfactory reply. But in truth, from the very nature of things, and apart from all experience in this direction, the question is one of difficult character. And too often the assigned origin is only an instance of what the logicians term the '*non causa pro causa*.'

An example of this is perhaps displayed in the supposed influence of the moon over the victims of an unsound mind. This is a notion which has been current for a long period and amongst many nations. We find the word '*lunatic*' to have synonyms in various languages, both ancient and modern, derived from the same idea. The hypothesis has probably arisen from the fact that lunatics, like the sane, find it in general easier to sleep in a dark room than in one in which there is a light; and the mentally affected, whilst so kept awake, careless of disturbing persons in their vicinity, are apt to exhibit noise and other symptoms of insanity, which are common with them during the day. And the attention of their friends has been called to the circumstance, from their having thus been disturbed. Haslam says, that 'as insane persons, especially those in a furious state, are but little disposed to sleep, even under the most favorable circumstances, they will be still less so when the moon shines brightly into their apartments.' Burrows has the following remarks in this relation: 'Undoubtedly,' says he, 'many diseases observe a certain periodicity; and it is not improbable that the paroxysms of violence among lunatics confined in large asylums are actually increased at the period of the full moon; but even if so, this is susceptible of a natural explanation: maniacs are in general light sleepers; therefore like the dog which 'bays the moon,' and many other animals remarked as being always uneasy when it is at the full, they are distracted by the flitting shadows of clouds which are reflected on the earth and the surrounding objects. Thus, the lunatic converts shadows into images of terror, and, equally with all whom 'reason lights not,' is filled with alarm, and becomes distressed and noisy. I believe that the moon in no other way affects the insane.' We have always observed that the patients in this asylum are much more inclined to be noisy on moonlight nights than at any other time."

"With regard to occupation, nothing new has been recently added to former methods, either mentally or bodily, which is worthy of particular notice, with the exception of schools in lunatic asylums. These have been recently established in some of such institutions. Dr. Conolly, the able physician of the manimoth establishment at Hanwell, near London, in concluding an article describing a visit to the Salpetriere and Bicetre, near Paris, makes a very commendatory mention of the schools in those institutions: he observes in conclusion: 'If no other end were answered by the formation of schools, they ought to be established as recreative, palliative, remedial even, in every asylum.' Dr. Brigham has remarked with great sagacity, that 'the want of proper mental occupation according to our observation, is one of the most pressing wants of lunatic asylums. Notwithstanding amusements and labor, many [patients] are disposed to sit still, absorbed in their own thoughts and delusions, and thus continuously becoming worse. Schools we believe will do much towards remedying the evil to which we allude.' The commonwealth of Pennsylvania has lately fulfilled her duty to the suffering insane within her borders, by the erection of a state lunatic hospital near Harrisburg. In the by-laws of that institution, we observe with much pleasure a provision to the effect that the 'superintendent may employ one male and one female teacher for the instruction of the patients.' Scholastical exercises in an asylum serve as a pleasant daily

employment, relieving the monotony of a little varying routine. Considered as a revulsive measure, occupying the mind to the exclusion of false notions and morbid feelings, they serve in the same way as other measures to dissipate the symptoms of mental disease. They also answer to keep the minds of the demented and the epileptic from sinking into a deeper state of imbecility. They are something too to look forward to and advantageously occupy the insane mind in this regard. There are patients who care little when well for amusements, and who either have not been accustomed to bodily toil, or dislike it. In such an event the exercises of a school constitute an additional resource in enabling us to carry out fully the general principle of moral revulsion with as many of our inmates as possible. The remarks and social intercourse which they tend to produce between patients, thus diverting their attention from a pernicious mental abstraction, are also worthy of mention. During the past year in this asylum, we have had these exercises in daily and unbroken operation. As at Hanwell, the chief modification of mental action adopted has consisted of reading classes. The results have been quite satisfactory."

13. The *Pennsylvania State Lunatic Hospital* was opened for the reception of patients on the 6th of October, 1851, and between that and the 31st of December, thirty-seven patients were admitted, of whom 24 were males, and 13 females. Of these one died, viz: a person who had long labored under epilepsy and whose death was occasioned by a succession of convulsions without intermission for nearly forty-eight hours.

The form of insanity was as follows:

| | |
|----------------------|-------|
| Mania, acute,..... | 9 |
| " chronic,..... | 3 |
| " epileptic,..... | 5 |
| Monomania,..... | 4 |
| Melancholy,..... | 10 |
| Dementia,..... | 6 |
| | <hr/> |
| | 37 |

The duration of insanity before admission is thus stated:

| | |
|----------------------------------|-------|
| Less than one year,..... | 17 |
| From one to five inclusive,..... | 15 |
| From six to fifteen years,..... | 5 |
| | <hr/> |
| | 37 |

The remainder of Dr. Curwen's report is occupied with a narrative of the steps taken from time to time, to

found the State Asylum, and the incidents connected with its completion. A minute description is presented of the building and its divisions and accompaniments and of its surrounding grounds. It is in a great degree worthy of the commonwealth of Pennsylvania. The act of incorporation, by-laws of the institution, and forms of admission make up the rest of the pamphlet.

14. The *New Hampshire Asylum* for the insane has during the past year received a munificent bequest from the late Abiel Chandler, a native of New Hampshire, although a resident of Boston, valued at \$25,000. We infer from the report of the trustees, that all injuries of buildings caused by the late fire have been repaired. They also state that Dr. McFarland, the present Superintendent has been absent, by leave of the Board, during the past year, on a tour of inspection of the principal hospitals for the insane in Europe, and that during his absence the institution was under the immediate and approved care of the assistant physician, Dr. William B. Stevens.

Dr. McFarland presents the following tables :

| | Males. | Fem. | Total. |
|---------------------------------|--------|------|--------|
| Remaining May 31, 1850, | 69 | 58 | 127 |
| Admitted during the year, | 44 | 44 | 88 |
| | 113 | 102 | 215 |
| Discharged : | | | |
| Recovered, | 31 | 14 | 45 |
| Partially recovered, | 14 | 11 | 25 |
| Not improved, | 7 | 9 | 16 |
| Died, | 2 | 10 | 12 |
| | 54 | 44 | 98 |

There is also a table showing the number of admissions during each month, since the opening of the Asylum in 1842. The total of patients during the ten years has been 816.

| | | | |
|--------------|----|--------------|----|
| January..... | 80 | July..... | 81 |
| February.... | 47 | August..... | 59 |
| March..... | 50 | September... | 59 |
| April..... | 80 | October..... | 68 |
| May..... | 84 | November.... | 62 |
| June..... | 62 | December... | 76 |

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In continuing our perusal of this report, we come next to a subject, which, without pretending to any of the qualifications of Cassandra, we have long since expected, would be a source of trouble to some of our Superintendents. All who read, must be aware of the frequency of suits in England and France for illegal confinements. The remarks of Dr. McFarland, are as follows :

“ The extremely loose condition of all the enactments upon our statute-book which relate to the insane, tending as it does to jeopardize those holding this class of people in custody, justifies some allusion to the subject in this Report.

“ It will be seen, by reference to the Revised Statutes, that no course of previous enquiry is necessary in the commitment of a person to the Asylum. Insane persons may be sent to the Asylum by their friends; an authority altogether too undefined to be entrusted with the most important act transacted under a free government—the depriving a citizen of his liberty. At the moment of admission to the institution, the justice and propriety of the commitment cannot be made matter of question. While penning this Report, (May 18th,) a lady leaves us, after about four weeks' residence, whose unsoundness of mind has been so slightly manifest while here as to be almost doubtful. The friend who committed her here presented such statements as appeared to establish the case perfectly. Another class of her friends presented, after she had been some weeks with us, statements which would make the reverse appear. This brings to our door a discussion which should have been anticipated by an examination, by competent persons, previous to the decision to send her to the Asylum. Under these circumstances, we send the lady to her place of residence after what she terms ‘a pleasant visit,’ and she leaves, having exacted from us a promise to return her call ‘as soon as our engagements will permit.’ The insanity (for without doubt a slight insanity exists,) exhibits itself in prejudices against her friends, and disappears when separated from the objects of her aversion. This is a harmless instance, which brings ill to no one. Yet it enters by an avenue sufficiently large to admit cases causing the greatest peril to the Institution.

“ Had the circumstances in the above-named case been different; had the individual possessed education, address, and that kind of cunning which frequently is an accompaniment of insanity; and, especially, had any thing appeared in the case impugning the motive for commitment, it

can be conceived that, with so available an instrument as the writ of *habeas corpus*, the Institution and its officers might have been drawn into a situation, even before time had been permitted to ascertain whether the commitment was just or not, from which there could have been no escape but with odium."

During his absence in Europe, Dr. McF. visited 14 Asylums in England and Scotland, 3 in France, and 4 in Italy. Some of the results obtained by him, are of interest. We copy these, as they are brief, and are merely the precursor of a work, which he promises, in another and more extended form.

"Insanity in America is ever presenting to us almost precisely the same aspects. In very old communities, where the lines between different grades of society have been closely drawn for ages, and where contiguous neighborhoods, from different pursuits, have a distinct character, in no place is the difference more quickly seen than in the lunatic asylum. While the lunatic of Louisiana is almost of the same mould with him of Maine, the plodding agricultural serf of the North Riding of Yorkshire seems, when insane, a totally different being from the coal miner of Durham or the manufacturer of the West Riding, and each neighbors of but an hour's journey removed.

"The excellence of the English lunatic asylums is secured by the steps taken by Parliament to provide a system of visitation by a board of commissioners appointed by the Crown. This board prescribes a certain table of records, to be kept in every receptacle for lunatics, both public and private; not only of the admission and discharge of patients, with the cause and duration of the malady, and the condition of the patient when discharged, but also a diary of minute particulars of his daily progress; how many hours he labored,—how many hours he was kept in seclusion,—how long he wore any mechanical restraint,—how frequently and what kind of medicines were taken,—with many other particulars even more minute. A commission, vested with such high powers, cannot fail to elevate the system of management, holding as it does the destiny of every such institution in England.

"A visitor to the English and French hospitals is immediately struck with the great evident cost of many of them, compared with the number they are intended to receive. This is no test, however, of their excellence, which, architecturally considered, lies in their spaciousness, the altitude of their ceilings, and the strict attention paid to the details of heating and ventilation. The gloomy interior of most of the American asylums, where the light must be excluded by a mischievous and false economy, finds no parallel in Europe, save in the extremely old institutions of the North, or those of Catholic countries, where an asylum is most frequently a suppressed monastery.

"The fixedness of the attendants and assistants of the English and Scotch asylums is a feature which contrasts favorably with ours, where such a position is merely a transient stay in the progress to other more

profitable and permanent employments. Ten, twenty, and even forty years' service in a single institution, is by no means uncommon. The system would, under some circumstances, have great evils. The duties become automatic, and new and improved usages must be introduced and carried out with difficulty. The noxious influence of 'patronage,' extending in such places even to the humblest servant, is a constant check upon the usefulness of many good institutions, where the resident director finds himself confronted with subordinates, whose appointment, being reposed in other hands, places them independent of himself. The employee does not lack in deference, but it is deference to a power which takes little part in the direction and oversight of his duties."

In an Appendix, a complete list is given of all the Trustees of the Asylum, with biographical sketches of the more distinguished. We copy the notice of Dr. Twitchell, a member of the first board, and one of the most eminent physicians, in his day, in New-England. We formed his acquaintance at Philadelphia, but a few weeks before his death, and certainly had no idea of his age being so advanced.

"Dr. Twitchell was born in Dublin, N. H., April 11, 1781. He graduated at Dartmouth College in 1802, and immediately entered upon the study of medicine with the late Dr. Nathan Smith, and took the degree of M. B. in 1805, and in 1811 that of M. D. After spending two years at Norwich, Vt., and about the same time at Marlborough, N. H., he removed to Keene in 1810, where he spent the remainder of his life. In October, 1807, he tied the common carotid artery successfully, at a time when it was the general belief of the profession that it could not be done without great danger to life. He preceded Sir Astley Cooper eight months in his successful operation for the same, which he immediately published, and has received the credit of discovering the practicability of the operation.

"By general consent Dr. T. stood at the head of the profession. Few men possess the peculiar natural endowments that belonged to him, and few rarely attain so thoroughly the knowledge necessary to all the practical purposes of the profession. He showed himself a superior man in all the acts of his life, as one destined to lead and direct others, from his native energy of character, perseverance and self-reliance. He was always ready for any emergency of the profession, and no operation in surgery was too formidable for him to encounter. He had performed the operation of lithotomy a number of times, and had repeatedly engaged in the severest operations that occurred in a large region of country contiguous to his residence. All the common operations of surgery were almost of every-day occurrence to him. A large portion of this part of the State depended on him for this practice for a period of more than forty years. His great fame was founded more upon his skill and success in meeting all these numerous and diversified cases, than upon any great feat in surgery, or any accidental success in practice. His

whole life was almost entirely devoted to his profession. Though often solicited to accept professorships in a number of the New England Medical Schools, he uniformly declined. His life knew no relaxation or suspension of labor, as long as his strength continued."

"Though Dr. T.'s intensely laborious life forbade much long and patient investigation, yet he studied his cases with great care, and no man could know better or more thoroughly than he did, all that was necessary in relation to them. He was not a learned man, and yet no professional man in our State ever kept better and earlier posted up in all the new views and improvements in the profession, and in all the new remedies of the day. Possessing a remarkably retentive memory, and an uncommon quickness of perception, he could acquire knowledge with a facility unknown to most other men, who have to study, reflect and re-reflect, before they can make any new facts, views or theories their own.

"His last illness was short. His health had been failing for a few months previous, so that he did but little business, though he continued his professional labors till only a few days before his death. He was seized with a paralysis on Tuesday morning, May 21, 1850. He was able to speak, and seemed very attentive to his own symptoms. He pointed out the treatment that had been successful in cases similar to his own. He suffered no pain. He remained in this very tranquil state till the following Sunday, (May 26,) when he died. He was 69 years old at his death.

"Thus passed away one of the most useful and eminent men of our age, leaving a life full of good deeds and generous acts to his fellow men. Our regrets follow him, though when we think that, agreeably to his own oft repeated wish, his end came while he was yet in the full maturity of all his powers, we may rejoice that so bright a light was never dimmed, that he came to the allotted period of human life, and quickly and easily passed away."

As an appendix to the foregoing review of the Reports of American Institutions for the Insane, we insert a brief notice of the Reports of three British Lunatic Asylums. From a copy of the *Twelfth Annual Report of the Crichton Royal Institution for Lunatics*, at Dumfries, received from the author by Dr. Benedict, we make the following extracts :

"DEATH AND BURIAL OF THE INMATES OF THE ASYLUM.—When death does occur, a new series of cares arise. It is prudent and humane that such events should not be communicated to the inmates. That which is at all times awful, becomes appalling to those who cannot escape from the immediate impressions and associations, when it happens in the very spot where the living, who look on, must meet the same fate. Each removal is a picture and premonition of those that must succeed; and a premonition which each survivor is disposed to apply. The body is accordingly invariably removed during the night, while the patients are asleep, and placed in a separate building; all traces of the deceased are obliterated, and, except for particular purposes, the name is never mentioned. Funerals, even where there is a religious service, take place early in the morning, do not arrest the ordinary movement of the day, nor obtrude painful and profitless impressions upon the community. So completely have these expedients succeeded, that many patients remain in doubt whether former companions have returned to their friends and home, or have yielded up their spirit to Him who gave it."

"EDUCATION FOR IDIOTS.—Schools for idiots form a new and pleasing feature of our social arrangements. It is probable that such Institutions will fail to raise the pupils to a level with healthy and robust minds; it would be extravagant to expect that from the child who can neither hear, nor speak, nor walk, a perfect adult should grow up; but if they enlarge the means of happiness; if they engraft habits, even automatic habits of cleanliness and correct demeanour upon imperfect powers; if they educe a single sense from its captivity; a great and unexpected triumph has been obtained over difficulties which not only baffled but discouraged all former philanthropists. From the imitative character of idiots, it is conceived that Asylums are not the most safe or suitable homes which might be provided. In the absence of sound discrimination and proper models, they copy the extravagance and degradation of their companions, and give expression to their few and feeble desires through the manifestations of insanity. Five patients of this class have been admitted, with capacities varying from the most complete state of privation, in which the external senses are alone developed, to the exercise of memory and of certain emotions. In one, no articulate sound is ever heard; he rejoices at the presence of sheep, and imitates their cry; in a second, language is employed in the reiteration of a few phrases expressive of his only desire, to return home; in a third, whose vocabulary is equally barren, whose predominating feeling is fear, manhood has been reached without a knowledge of property, or a care to possess it; a fourth is almost silent, or utters a monotonous sound intended as melody, but has been educated, and is susceptible of improvement; a fifth is a good workman, but displays few wishes beyond the vegetative life to which his imbecility has condemned him. All these individuals have arrived at maturity; and although still intellectually children, have passed that stage in which training or culture are especially applicable. Two have, however, received great benefit from moral training. All present indications of scrofula, or arrested development, and appropriate remedies have been adopted; but where there is a hereditary taint to combat, as

well as an actual disease, where perversion by injudicious management or by the invasion of alienation, were superadded to privation, success of a very limited kind can alone be expected. The difficulties of the undertaking have suggested the hope that in the ultimate completion of this Establishment a school for idiots and the juvenile cretins of Scotland may be included."

"CONFESSION OF CRIMES.—The appetite to confess crimes appears in those reputed sane. Various individuals have, within a short period, avowed themselves the perpetrators of murders where little or no evidence exists of their participation in the deed, and where the motive to disclose is as inexplicable as the motive to commit the outrage. When such confessions are volunteered by the insane, they generally involve circumstances of such unparalleled enormity as to attach doubt and suspicion to the whole narrative. They have destroyed the living in order to devour the dead; they have defrauded, and their victims are the poor; they have murdered millions, or hundreds of unoffending men. There is however, in other cases so great a verisimilitude in the statement as to remove scepticism, or to suggest the alternative suppositions that the offence is real, but committed by another person; or that the offence is imaginary, but that the design and attending circumstances are real prefigurations of the mind. A female, recently in the Asylum, acknowledged that she had been guilty of infanticide; but she at the same time entertained the delusion that she was about to become the mother of a child whose existence must be concealed. Her guilt was anticipative. To believe erroneously in our own guilt is as natural an expression of alienation as to believe erroneously in the guilt of others."

"MORAL MANAGEMENT.—The character of the moral management is activity without excitement, progress, the combination of self-government, with appeals to the intellect and sentiments. There is always something to expect, to prepare for; some anticipation, or some retrospect. Patients are participators in every arrangement. They are identified with the recreations, as well as the labors of the community. They are led to understand that each progressive step is not merely for them, but by them. They are their own gardeners, laborers, players, musicians, precentors, librarians, and, under certain restrictions, their own police. Each day has its appropriate relaxation, as well as its duties; but monotony, which engenders torpidity rather than tranquillity, even the monotony of continued recreation, is obviated by useful pursuits and physical exertion. To carry out such views to their legitimate extent, special enjoyments have been suggested to each individual; while public assemblies have been encouraged as a sphere of trial, as well as a source of pleasure. Self-command, and silence, and calmness, as well as excitement, may be propagated by imitation and example, and by the presence of numbers."

"RELIGIOUS WORSHIP.—Worship is regularly performed according to the forms of the established churches. Members of other communions visit their churches in Dumfries, accompanied by officers, or are visited by their own clergymen. The timidity which formerly excluded the insane from such ordinances, or concealed their presence by a veil,

has passed away ; the error that they were incapable of comprehending or joining in worship has been demonstrated ; and in these assemblies children and maniacs are seen to bend the spirit and the knee side by side ; in them it is impossible to distinguish the insane from the sane, the guardian from his charge ; and all ideas are banished from the mind of a spectator except those of universal brotherhood, and that peace which passeth understanding. It may be that there is a sense of supplication where there is no power of precise and articulate prayer ; and it may be that independently of, and even in opposition to, external manifestations, there is an 'inner life hidden with God ;' but it is certain that reverence and attention prevail ; that the tranquillity is greater than under other circumstances ; that the acknowledged effects are contentment and calm. The Bishop of Glasgow has twice preached in the Asylum ; and to the patients generally, as well as to the members of his own flock, the event was pregnant with many interesting and impressive associations."

The *Third Annual Report of the Leicestershire and Rutland Lunatic Asylum*, as in former years, is more particularly the Report of the United Committee of Visitors, rather than that of the Superintendent, his report being entirely confined to the following table of statistics :

| | | |
|---|-----|-------|
| Patients on the books, December 31, 1850..... | 219 | |
| Admitted since,..... | 95 | |
| | — | 314 |
| Discharged—Cured, | 46 | |
| Relieved, | 15 | |
| | — | 61 |
| Died—Epilepsy..... | 3 | |
| General Paralysis, | 5 | |
| Age and Debility, | 4 | |
| Maniacal Exhaustion,..... | 2 | |
| Other Causes,..... | 6 | |
| | — | 20 |
| Remaining—County Paupers, | 133 | |
| Out-County Paupers, | 4 | |
| Borough Paupers, | 49 | |
| Subscribers, | 30 | |
| Independent,..... | 17 | |
| | — | 233 |
| | — | 314 |
| Total number admitted since the opening of the Institution, | | 1,234 |
| Total number Cured, | 551 | |
| Relieved, | 113 | |
| Removed,..... | 105 | |
| Died,..... | 232 | |
| Remaining,..... | 233 | |
| | — | 1,234 |

The financial report of the Committee proceeds to state that "In every point of view, whether medically or financially considered, the affairs of the Asylum during the year 1851, have been eminently prosperous. The great reduction that was made at the commencement of the year in the weekly charges of the Pauper Patients, amounting in the whole to no less a sum than £341, has been fully met by a corresponding saving in the relative expenses of the establishment, and by the profits received from the second and fourth class Patients, and the Visitors are happy to announce that there is a clear surplus on the year's account of £208 0s. 10d. to be added to the balances of former years, and which now amount in the whole to the sum of £1,578. 15s. 1d."

In glancing over the Treasurer's account we were surprised to see one item for an article which we thought the progress of the times had entirely excluded from all British Asylums, as it undoubtedly has from most American Institutions, we allude to a charge of £12 14 2. for *Tobacco and Snuff!*

The *Superintendent's Report of the Littlemore (Pauper) Asylum*, with a brief but very sensible medical report, presents us with a most elaborate set of statistical tables, and also a very minute account of the scale of expenditure, &c.

The statistics of this Asylum for the past year were as follows :

| | Males. | Fem. | Total. |
|--|------------|------------|------------|
| Remaining in the Asylum December 31, 1850, | 136 | 190 | 326 |
| Admitted in the year 1851,..... | 57 | 57 | 114 |
| Total, | 193 | 247 | 440 |

Discharged :

| | | | |
|--------------------|----|----|----|
| On Recovery,..... | 23 | 30 | 53 |
| Relieved,..... | 1 | 3 | 4 |
| Not relieved,..... | 1 | 2 | 3 |
| Died,..... | 17 | 16 | 33 |
| Total,..... | 42 | 51 | 93 |

| | | | |
|-----------------------------------|-----|-----|-----|
| Remaining December 31, 1851,..... | 151 | 196 | 347 |
|-----------------------------------|-----|-----|-----|

We extract the following remarks by Dr. Ley with regard to "Criminal Lunatics," as it is a subject which has already excited some attention in this country :

"The association with some persons of the class sent as lunatics from the gaols, is an infliction on the orderly disposed patients, is damaging to the moral condition of some, and to the bodily health of others by the restrictions and excitements produced. The adapting an asylum for 350 ordinary lunatics to the safe custody, restrictions, and smaller classifications, for three or four of this class, would be unreasonably expensive in the separate counties; while it is known that the class itself in the aggregate, is sufficiently numerous to require a special asylum."

Tobacco forms no inconsiderable item in the expenditure of the Littlemore Asylum, the charge for this article alone being no less than £44 2s. 6d. !

By a letter from Cincinnati, we are informed that removals have been made of Medical Officers and Superintendents in the State Lunatic Asylum, the Blind Asylum, and the Deaf and Dumb Asylum. A change in the political power of parties has recently occurred in the State of Ohio, and we are given to understand that this is among its first fruits. We have already denounced such proceedings abroad, from the injury they must entail on the unfortunate and suffering inmates, and we are not now to be deterred from expressing our detestation of similar conduct, when it occurs in our own country and is consummated by our political friends. We assert that no changes of important officers in these public institutions should be made, except for cause shown.—Ed.

BOOKS RECEIVED, &c.

ESSAYS ON ASYLUMS FOR PERSONS OF UNSOUND MIND. By JOHN M. GALT, M. D., Superintendent and Physician of the Eastern Asylum of Virginia. Richmond: 1850. (Reprinted from the *American Journal of Insanity*.)

REPORT OF THE EASTERN ASYLUM in the City of Williamsburgh, Virginia, 1851. Richmond: 1852.

Southern Medical and Surgical Journal, July, August and September.

Ohio Medical and Surgical Journal, " " "

Nelson's Northern Lancet, " " "

New Jersey Medical Reporter, " " "

Transylvania Medical Journal, " " "

Western Medico-Chirurg. Journal, " " "

Worcester Medical and Surgical Journal, " " "

St. Louis Medical and Surgical Journal, June, July and August.

Medical News and Library, July, August and September.

New Orleans Med. and Surg. Journal, July and September.

American Journal of Pharmacy, July.

Charleston Medical Journal and Review, August.

Stethoscope, July, August and September.

Boston Medical and Surgical Journal, regularly.

Medical Examiner, July, August and September.

North Western Medical and Surgical Journal, July, August and Sept.

Nashville Journal of Medicine, June, July, August and September.

New York Journal of Medicine, July and September.

Dublin Medical Press, regularly.

Buffalo Medical Journal, July, August and September.

New Hampshire Medical Journal. " " "

Canada Medical Journal, July, August and September.

American Journal of Medical Science, July.

Nordamerikanischer Monatsbericht, September.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, July.

British and Foreign Med. Chirurg. Review, July.

New York Medical Times, July, August, September.

New York Medical Gazette, " " "

Bulletin L'Academie Nationale de Medecine, Paris.

Revue Medicale, Paris.

Journal Des Connaissances Chirurgicales, Paris.

Gazette Medicale, Paris.

Gazette Des Hopitaux, Paris.

Dublin Quarterly Journal of Medical Science, August.

Winslow's Psychological Journal.

Western Lancet, July, August and September.

East Tennessee Record of Medicine and Surgery, August.

Scalpel, August.